Within corporate limits

PRINTER

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02126

[Item 18 Film C179 4-5-55 ams]

2142

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH
COUNTY ALLEGANY
MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 8 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Near CUMBERLAND, rural
STREET ADDRESS (If rural give location) ROUTE #5, Pinto

3. NAME OF DECEASED: (Type or Print) (First) JOYCE (Middle) LORRAINE (Last) ALBRIGHT

4. DATE OF DEATH: (Month) MARCH (Day) 22 (Year) 1955

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): SINGLE
8. DATE OF BIRTH: FEB. 26, 1953
9. AGE last birthday: 2 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): In Fant
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Near CUMBERLAND, MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: CHESTER R ALBRIGHT
14. MOTHER'S MAIDEN NAME: NELLIE M TAYLOR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Memorial Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

193X
IMMEDIATE CAUSE (A) Brain Tumor - cerebellum Medulloblastoma — INTERVAL BETWEEN ONSET AND DEATH: 6-7 mo.

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Hydrocephalus — 6 mo.
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 14, 1955, to Mar 22, 1955, that I last saw the deceased alive on Mar 22, 1955, and that death occurred at 3:05PM, from the causes and on the date stated above.

SIGNATURE R. A. Reiter M.D. M. D. — ADDRESS 112 Bedford St — DATE SIGNED Mar 22, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 3/24/1955 — NAME OF CEMETERY OR CREMATORY Pinto Mennonite — LOCATION (City, town, or county) Pinto (State) Md

DATE REC'D BY LOCAL REGISTRAR March 24, 1955 — REGISTRAR'S SIGNATURE Walter L. Lantz, M.D.

24. FUNERAL DIRECTOR John J. Hafer — ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02127

2143

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland, 02
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 62 Sacred Heart Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) R. Rural Cumberland, 02 1
STREET ADDRESS (If rural give location) Hazen Road, R.F.D. #3

3. NAME OF DECEASED: (Type or Print) (First) EDITH (Middle) NORA (Last) AMBROSE

4. DATE OF DEATH: (Month) March (Day) 31, (Year) 19 55

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: March 29, 1880
9. AGE last birthday 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Spring Gap, Md.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Amos Davis
14. MOTHER'S MAIDEN NAME: Sarah Little

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No,
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mrs. James Root R. D. #3 Cumberland, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Coronary Artery Sclerosis — 3
DUE TO (C) Myocardial Degeneration — 3
Coronary Insufficiency — 3

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/12, 19 55, to 3/31, 19 55, that I last saw the deceased alive on 3/30, 19 55, and that death occurred at 2 P. M, from the causes and on the date stated above.
SIGNATURE James Jacobs M.D. ADDRESS 50 Pershing St DATE SIGNED 4/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 4/3/55
NAME OF CEMETERY OR CREMATORY Fisher Cem.
LOCATION (City, town, or county) (State) Near Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR April 2, 1955
REGISTRAR'S SIGNATURE Walter R. Frantz, M.D.
24. FUNERAL DIRECTOR Charles L. George ADDRESS Cumberland, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02128

2219

CERTIFICATE OF DEATH

Reg. Dist. No. 8

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Lonaconing
LENGTH OF STAY (in this place) 93yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS East Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing X
STREET ADDRESS (If rural give location) East Main Street

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) (Last) Barnes

4. DATE OF DEATH: (Month) March, (Day) 11 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: June, 6. 1861

9. AGE last birthday 93 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Lonaconing, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry J. Spicher

14. MOTHER'S MAIDEN NAME: Lavena Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs. Ada Lancaster, (Daughter) Lonaconing, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 IMMEDIATE CAUSE (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic Heart Disease — 10 yrs

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1954, to 11 Mar, 19 55 that I last saw the deceased alive on 10 Mar, 19 55, and that death occurred at 8-5P M, from the causes and on the date stated above.

SIGNATURE Richard [illegible] M. D. ADDRESS Lonaconing DATE SIGNED 3-12-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF March, 14. 1955 — NAME OF CEMETERY OR CREMATORY Memorial Park — LOCATION (City, town, or county) Frostburg, Md (State)

DATE REC'D BY LOCAL REGISTRAR 3-14-55 — REGISTRAR'S SIGNATURE Jannette M Grove

24. FUNERAL DIRECTOR George Eichhorn — ADDRESS Lonaconing, Md.

Within corporate limits

DR. VAN ORMER 2144

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

02129

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 02 CUMBERLAND
LENGTH OF STAY (in this place) 1 DAY
HOSPITAL OR INSTITUTION OR STREET ADDRESS 60 MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND 02
STREET ADDRESS (If rural give location) PARK HEIGHTS 10 Buchanan Ave., 1

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) X (Last) BARRY

4. DATE OF DEATH (Month) MARCH (Day) 1 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: MAY 31, 1887

9. AGE last birthday 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CHIROPRACTOR

10B. KIND OF BUSINESS OR INDUSTRY: Chiropractic

11. BIRTHPLACE (State or foreign country): MICHIGAN Saginaw

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GARRETT BARRY

14. MOTHER'S MAIDEN NAME: ANNA WATERHOUSE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 299X (A) aplastic bone marrow with anemia and thrombocytopenic purpura — 1 year

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Coronary artery disease — 5 years

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 July, 1950, to 1 Mar, 1955, that I last saw the deceased alive on 28 Feb, 1955 and that death occurred at 6 A.M. M, from the causes and on the date stated above.

SIGNATURE W. Alfred Van Ormer M.D. ADDRESS Cumberland, Md. DATE SIGNED 1 Mar. 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 3/4/55 — NAME OF CEMETERY OR CREMATORY S. S. Peter & Pauls' Cem. — LOCATION (City, town, or county) (State) Cumberland, Maryland

DATE REC'D BY LOCAL REGISTRAR March 2, 1955 — REGISTRAR'S SIGNATURE Victor R. Krantz, M.D.

24. FUNERAL DIRECTOR Charles L. George — ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02180

2145

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 02 Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 62 Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing
STREET ADDRESS (If rural give location) Charlestown Street

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Edward (Last) Beeman

4. DATE OF DEATH: (Month) March, (Day) 13 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept, 13. 1883

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Miner

10B. KIND OF BUSINESS OR INDUSTRY: Coal Mine

11. BIRTHPLACE (State or foreign country): Lonaconing, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Beeman

14. MOTHER'S MAIDEN NAME: Charlotte Dye

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) 3

16. SOCIAL SECURITY NO. 214-01-6677

17. INFORMANT & ADDRESS: Mrs. Annie Beeman (WIFE) Lonaconing, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
610X IMMEDIATE CAUSE	(A) Uremia	5d.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Urinary Retention	10 mos.
	(C) DUE TO Prostatic Hypertrophy.	1 year.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 3-12-55

19B. MAJOR FINDINGS OF OPERATION: ~~Cystoscopy~~ Cystostomy.

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1954, to 13 Mar, 1955, that I last saw the deceased alive on 13 Mar, 1955, and that death occurred at 7 45 PM, from the causes and on the date stated above.

SIGNATURE George Richards M.D. ADDRESS Lonaconing Md. DATE SIGNED 3-14-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: March, 16. 1955
NAME OF CEMETERY OR CREMATORY: Philos Cemetery
LOCATION (City, town, or county) (State): Westernport, MD.

DATE REC'D BY LOCAL REGISTRAR: March 16, 1955
REGISTRAR'S SIGNATURE: Wirter R. Frantz, M.D.

24. FUNERAL DIRECTOR: George Eichhorn, ADDRESS: Lonaconing, MD.

Within corporate limits

DR. SIMONS 2146

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02131

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) ONE
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Near CUMBERLAND, rural
STREET ADDRESS (If rural give location) ROUTE #3 BEDFORD ROAD

3. NAME OF DECEASED: (First) ALBERT (Middle) Royer (Last) BLAMBLE
4. DATE OF DEATH: (Month) MARCH (Day) 26 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	MARRIED	MARCH 4, 1899	56 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto body repair-Self employed
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Aurora, W. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: LEWIS BLAMBLE
14. MOTHER'S MAIDEN NAME: STELLA WOTRING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-07-1286
17. INFORMANT & ADDRESS: Josephine Blamble-Rt3 Bedford Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 201X	(A) DUE TO Hodgkins Disease	2 years
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO	
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 54, to 3/26, 1955, that I last saw the deceased alive on 3/26, 1955, and that death occurred at 5:30 P M, from the causes and on the date stated above.

SIGNATURE George M Lyons M. D. ADDRESS Cumberland Md DATE SIGNED 3/26/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/29/55	Hillcrest Cemetary	Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 29, 1955	Winter R. Lantz M.D.	H. Lee Silcox	Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

DR.R.J.WMS.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2147

CERTIFICATE OF DEATH

02132

Reg. Dist. No. 7

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 02 CUMBERLAND
LENGTH OF STAY (in this place) 14 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 60 MEMORIAL HOSPITAL MEMORIAL AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND, MD 02 1
STREET ADDRESS (If rural give location) 218 OAK STREET

3. NAME OF DECEASED: (Type or Print) (First) MR. (Middle) K. (Last) HETZEL BODEN

4. DATE OF DEATH: (Month) MARCH (Day) 24 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: APRIL 4 - 1923

9. AGE last birthday 31 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10B. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHARLES BODEN

14. MOTHER'S MAIDEN NAME: LULA HAMMERSMITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W. II

16. SOCIAL SECURITY NO. 217-18-4156

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0 IMMEDIATE CAUSE (A) Cirrhosis of Liver — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO —

(C) —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: 3/13/55

19B. MAJOR FINDINGS OF OPERATION: Cirrhosis of Liver

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/16/55, 19..., to 3/24/55 19..., that I last saw the deceased alive on 3/24/55 19..., and that death occurred at 10:50AM, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Cumberland DATE SIGNED 3/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF March 27, 1955 | NAME OF CEMETERY OR CREMATORY Hillcrest | LOCATION (City, town, or county) Cumberland (State) Md.

DATE REC'D BY LOCAL REGISTRAR March 26, 1955 | REGISTRAR'S SIGNATURE Wilkie R. Hawk, M.D.

24. FUNERAL DIRECTOR James Scarpelli ADDRESS 108 Va. Ave.

317-18-4156

Mack R.R.

1933

William Corporate Limits.
Right
Dr. Zimmerman

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02133

2148

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 02 CUMBERLAND
LENGTH OF STAY (in this place) 10 HRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 62 SACRED HEART HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Near CUMBERLAND, rural X
STREET ADDRESS (If rural give location) 229 NARROWS PARK, R.F.D. #6.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) CHRISTINE BOUGHTON

4. DATE OF DEATH: (Month) (Day) (Year) 3/16/55 19

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED
8. DATE OF BIRTH: 4/20/85
9. AGE last birthday 69 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): MARYLAND Lonaconing
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John McAlpine
14. MOTHER'S MAIDEN NAME: Elizabeth Fleming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Orble B. Boughton, Cumberland, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 IMMEDIATE CAUSE	(A) coronary occlusion	5 days
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) coronary sclerosis	2 yr.
	DUE TO (C) myocardial fibrosis	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. heart failure — 6 m.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1955 to March 16, 1955, that I last saw the deceased alive on March 15, 1955, and that death occurred at 7:20 M, from the causes and on the date stated above.
SIGNATURE Elizabeth Briggs M. D. ADDRESS 55 Greene DATE SIGNED 3/16/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF March 18 1955
NAME OF CEMETERY OR CREMATORY Frostburg Memorial Park
LOCATION (City, town, or county) (State) Frostburg, Md.

DATE REC'D BY LOCAL REGISTRAR March 17, 1955
REGISTRAR'S SIGNATURE Winter R. Banks M.D.
24. FUNERAL DIRECTOR William H. Kight ADDRESS Cumberland Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02134

Dr Richards 2220

CERTIFICATE OF DEATH

Reg. Dist. No. 6

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Barton
LENGTH OF STAY (in this place) 51 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bartaw X 1
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) — (Last) Bradley

4. DATE OF DEATH: (Month) March (Day) 3 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH: March 25, 1955 | 9. AGE last birthday 5 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer | 10B. KIND OF BUSINESS OR INDUSTRY: Own Farm | 11. BIRTHPLACE (State or foreign country): Barton, Md | 12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Joseph Bradley | 14. MOTHER'S MAIDEN NAME: Martha McGimpsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No | (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY NO. 214-03-9522 | 17. INFORMANT & ADDRESS: Mrs Bertha Bradley. Barton Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 420.1	(A) Coronary Occlusion	1 hour.
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Coronary Heart Disease	6 weeks.
	DUE TO	
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1955, to 3 Mar, 1955, that I last saw the deceased alive on 3 Mar, 1955, and that death occurred at 8 P M, from the causes and on the date stated above.

SIGNATURE George Richards M. D. | ADDRESS Lonaconing Md | DATE SIGNED 3-6-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 3-6-55 | NAME OF CEMETERY OR CREMATORY Laurel Hill Cem | LOCATION (City, town, or county) (State) Barton, Md

DATE REC'D BY LOCAL REGISTRAR 3-6-55 | REGISTRAR'S SIGNATURE Mrs Jean C. Kelly | 24. FUNERAL DIRECTOR E. J. Beal | ADDRESS Westernport, Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02135

Dr Nelson 2221

CERTIFICATE OF DEATH

Reg. Dist. No. 6

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Barton
LENGTH OF STAY (in this place) 69 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Barton
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Ann (Last) Broadwater

4. DATE OF DEATH: (Month) March (Day) 3 (Year) 1955

5. SEX: Female
6. COLOR OF RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow
8. DATE OF BIRTH: October 5, 1863
9. AGE last birthday 91 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Frostburg, Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Hackett
14. MOTHER'S MAIDEN NAME: Elizabeth Hardesty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Howard Broadwater, Barton Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490X
IMMEDIATE CAUSE (A) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 Days
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 28, 1955, to Mar. 3, 1955, that I last saw the deceased alive on Mar. 3, 1955, and that death occurred at 7:40 P M, from the causes and on the date stated above.

SIGNATURE Paul R Wilson M.D. ADDRESS Piedmont, W.Va. DATE SIGNED 3-5-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 3-6-55
NAME OF CEMETERY OR CREMATORY Frost Lucy Memorial Park
LOCATION (City, town, or county) (State) Frostburg, Md.

DATE REC'D BY LOCAL REGISTRAR 3-5-55
REGISTRAR'S SIGNATURE Mrs Jon C. Kelly
24. FUNERAL DIRECTOR E. S. Beal ADDRESS Westernport, Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Within corporate limits

2149

02136

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 02 Cumberland

LENGTH OF STAY (in this place): 2 months

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00 121 Elder St.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY: Allegany

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Cumberland 02

STREET ADDRESS (If rural, give location): 121 Elder St. 1

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Clarence (Last) Brown

4. DATE OF DEATH (Month) (Day) (Year): March 2 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	white	widower	Aug. 19-1883	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired coal miner	Coal Mining	Terra Haute, Ind.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George F. Brown	Anna Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
11 no	n one	(son) Floyd E. Brown, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 331X Cerebral hemorrhage (apoplexy) — Interval between onset and death: 10 days.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerosis with hypertention. — ?

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒
0		

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: H. V. Deming M.D. H. V. Deming M.D. M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED: March 2-1955

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar. 5 55	Brown Cemetery	Laurel Dale, Mineral Co. W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 2, 1955	Winter L. Wantz, M. D.	Otho F. Sharpless - O F Sharpless, Blaine W. Va.	Blaine, W. Va.

VS. A15A - 5 - 53

Within corporate limits: DR. WHITWORTH

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02137

2150 CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 5 HRS. 14 MINS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, MARYLAND
STREET ADDRESS (If rural give location) 117 ARCH STREET

3. NAME OF DECEASED: (Type or Print) (First) BABY BOY (Middle) (Last) BURNS

4. DATE OF DEATH: (Month) MARCH (Day) 18 (Year) 19 55

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: MARCH 18, 1955

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 5 Min. 14

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): CUMBERLAND, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FRANKLIN E BURNS

14. MOTHER'S MAIDEN NAME: BETTY J HIGGINS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Memorial Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

770.0 IMMEDIATE CAUSE (A) Erythroblastosis Fetalis DUE TO

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 19 .... , to ..... , 19 .... , that I last saw the deceased alive on ..... , 19 .... , and that death occurred at 10:31 A.M., from the causes and on the date stated above.

SIGNATURE Julian B Whitworth M. D. ADDRESS 123 Bedford St. DATE SIGNED 19 Mar 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF March 19, 1955 | NAME OF CEMETERY OR CREMATORY Greenmount Cem. | LOCATION (City, town, or county) (State) Cumberland, Md.

DATE RECD BY LOCAL REGISTRAR March 19, 1955 | REGISTRAR'S SIGNATURE Walter L. Trautz, M.D. | 24. FUNERAL DIRECTOR James Scarpelli ADDRESS Cumberland, Md.

2035 28 29 15

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

02138

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2222

CERTIFICATE OF DEATH

Reg. Dist. No. 8

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Lonaconing
LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS (If not in hospital) Detmold Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lonaconing
STREET ADDRESS (If rural give location) Detmold Street

3. NAME OF DECEASED: (Type or Print) (First) Arch (Middle) (Last) Cameron

4. DATE OF DEATH: (Month) March (Day) 17 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Nov, 2.1904

9. AGE last birthday 50 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman

10B. KIND OF BUSINESS OR INDUSTRY: Celanese Corp.

11. BIRTHPLACE (State or foreign country): Lonaconing, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Cameron

14. MOTHER'S MAIDEN NAME: Wilamina Wiland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 217-10-7099

17. INFORMANT & ADDRESS: Mrs. Margaret Cameron (WIFE) Lonaconing, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
331X IMMEDIATE CAUSE	(A) Cerebral Hemorrhage	3 Day
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) arterio Sclerosis (cerebral	3 yrs
	DUE TO Previous Cerebral Hemorrhage	May 1952
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 12, 1952, to Mar 17, 1955, that I last saw the deceased alive on Feb 16, 1955, and that death occurred at 7:30P M, from the causes and on the date stated above.

SIGNATURE W.O. McLane M. D. ADDRESS Frostburg Md DATE SIGNED Mar 18 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF March, 20. 1955

NAME OF CEMETERY OR CREMATORY Memorial Park.

LOCATION (City, town, or county) (State) Frostburg, Md.

DATE REC'D BY LOCAL REGISTRAR 3-19-55

REGISTRAR'S SIGNATURE Jeannette M Boal

24. FUNERAL DIRECTOR George Eichhorn, Lonaconing ADDRESS

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02139

2151

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place) 1day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
STREET ADDRESS (If rural give location) 643 Sedgwick Street

3. NAME OF DECEASED: (Type or Print) (First) Gunner (Middle) Otto (Last) Carlson

4. DATE OF DEATH: (Month) 3/ (Day) 11/ (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 8/22/85
9. AGE last birthday 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager
10B. KIND OF BUSINESS OR INDUSTRY: Cumberland Glass Co.
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Carl Carlson
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-07-0158
17. INFORMANT & ADDRESS: Patient's Chart

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X
IMMEDIATE CAUSE (A) Coronary Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSE (S):
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Myocarditis — 2 weeks

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-28-55 19 , to 3-11-55 19 , that I last saw the deceased alive on 3-10-, 1955 , and that death occurred at 6 25/A M, from the causes and on the date stated above.

SIGNATURE C. Gunner Carlson M. D. ADDRESS Cumberland, Md DATE SIGNED 3/11/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF March 13, 55
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Cumberland, Md

DATE RECD BY LOCAL REGISTRAR March 12, 1955
REGISTRAR'S SIGNATURE Walter R. Frantz M.D.
24. FUNERAL DIRECTOR John J. Hafer
ADDRESS Cumberland, Md.

Dr. Gunner Carlson

Hafer

M

I

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

Within corporate limits

DR. WHITWORTH

02140

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2152

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 2 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL
60 MEMORIAL & WARWICK AVES.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE W.VA. COUNTY Preston
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) AURORA, W.VA. 85 X - 3
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ROY (Middle) WESLEY (Last) CASE

4. DATE OF DEATH: (Month) MARCH (Day) 24 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: JUNE 30, 1902
9. AGE last birthday 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner & Operator of Mill Stone Lodge
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Naugatuck, Connecticut
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ARTHUR CASE
14. MOTHER'S MAIDEN NAME: EMMA JANE PENNY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Memorial Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 550.1 (A) Pulmonary Embolus Massive — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Peritonitis Generalized

DUE TO (C) Ruptured Appendix

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Obesity - Shock

19A. DATE OF OPERATION: 23 Mar 55
19B. MAJOR FINDINGS OF OPERATION: Ruptured Appendix Peritonitis
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 Mar, 19 55 to 23 Mar 19 55 that I last saw the deceased alive on 23 Mar, 1955, and that death occurred at 2:10 PM from the causes and on the date stated above.

SIGNATURE Fuller B. Whitworth M. D. ADDRESS 123 Bedford St. DATE SIGNED 26 Mar 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Mar. 27-55
NAME OF CEMETERY OR CREMATORY Aurora Cemetery
LOCATION (City, town, or county) (State) Aurora W.Va.

DATE REC'D BY LOCAL REGISTRAR March 26, 1955
REGISTRAR'S SIGNATURE Vicki L. Hantz, M.D.
24. FUNERAL DIRECTOR Wayne C. Spiggle
ADDRESS Davis W.Va.

VS. A15 — 10 - 53

Within corporate limits

Dr Schindler

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02141

2153 CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 02 Cumberland,
LENGTH OF STAY (in this place) 6 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS 60 Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN / Cumberland, 02
STREET ADDRESS (If rural give location) 1 608 Louisiana Ave.

3. NAME OF DECEASED: (Type or Print) (First) Francis (Middle) Joceph (Last) Creegan

4. DATE OF DEATH: (Month) MARCH (Day) 6 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	15 December 1899	55 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
TRAIN DISPATCHER ~~W.M.R.R.~~	W. MD. R. R.	Maryland	U S A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward Creegan	Lucy SIMPSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	705-10-6881	MRS. FRANCIS CREEGAN, 608 LA. Ave ~~Memorial Hospital Cumberland, Md.~~

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Hypertension C.V. Disease — 1, 2 years

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 6, 1955, to March 6, 1955, that I last saw the deceased alive on March 6, 1955, and that death occurred at 6:55 PM from the causes and on the date stated above.

SIGNATURE B. M. Schindler M.D. M.D. ADDRESS 41 Prospect DATE SIGNED 3/7/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Buried	3/9/55	Hillcrest Cemetery	Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 9, 1955	Winter R. Frantz, M.D.	John J. Hafer	Cumb. Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

2223

02142

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural) Corrigansville
LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS In back yard.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rural) Corrigansville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Martha (Middle) Marie (Last) Dom.

4. DATE OF DEATH (Month) March (Day) 24 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	Married	Dec. 29-1926	28 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife		Corrigansville, Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Samuel Martin Mauk	Martha Rebecca Minnick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or nnk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	216-22-5078	(husband) Ray Edison Dom, Corrigansville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Electrocution	sudden
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Antenna came in contact with high voltage	line.
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
0	01	Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	21c. (City or town) (County) (State)
	Back yard Home	near) Corrigansville-Allegany-Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
3-24/55- A.M.	1	Removing aerial, antenna came in contact with H.Volt.line.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V.Deming M.D. H. V. Deming M. D. M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 3.24/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 27 1955	Wellersburg Reformed Cemetery	Wellersburg, Pa.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/26/1955	Veronica McDermitt	R Harvey H. Zeigler	Hyndman, Pa.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02143

2154

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 02 Cumberland
LENGTH OF STAY (in this place) 11/27/54
HOSPITAL OR INSTITUTION OR STREET ADDRESS 91 Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Nikep X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) (Last) Donahey

4. DATE OF DEATH: (Month) March (Day) 5, (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single | 8. DATE OF BIRTH: March 1, 1870 | 9. AGE last birthday 85 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - School Teacher

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Matthew Donahey

14. MOTHER'S MAIDEN NAME: Margaret O'Conner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592 X
IMMEDIATE CAUSE (A) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH ?

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Cerebral Arteriosclerosis ?
DUE TO (C) Chronic Nephritis ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senile Deterioration ?

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 15, 1954 to Mar 5, 1955 that I last saw the deceased alive on Mar 4, 1955, and that death occurred at 10.45a M, from the causes and on the date stated above.

SIGNATURE James B. McLean M.D. M.D. ADDRESS 44 Greene St. DATE SIGNED 3-5-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 3/7/1955 | NAME OF CEMETERY OR CREMATORY St. Gabriels Cemetery | LOCATION (City, town, or county) (State) Barton, Md

DATE REC'D BY LOCAL REGISTRAR March 5, 1955 | REGISTRAR'S SIGNATURE Walter R. Frantz, M.D. | 24. FUNERAL DIRECTOR George Eichhorn, Lonaconing Md | ADDRESS

02144

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2210

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg
LENGTH OF STAY (in this place) 5 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Pleasant St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland 02
STREET ADDRESS (If rural give location) 428 Goethe St.

3. NAME OF DECEASED: (Type or Print) (First) Martha (Middle) May (Last) Donahoe

4. DATE OF DEATH: (Month) March (Day) 28 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: May 25 1864

9. AGE last birthday 90 yrs. IF UNDER 1 YEAR Months 10 Days 3 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Pleasant Valley, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Fisher

14. MOTHER'S MAIDEN NAME: Margaret Cresap

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs Margaret Kelly Mt. Pleasant St. Frostburg

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

IMMEDIATE CAUSE (A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Arteriosclerotic cardio-vascular disease — ± 20 yrs

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Auricular fibrillation — 12 hrs

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1, 1955, to 3/28, 1955, that I last saw the deceased alive on 3/28, 1955, and that death occurred at 3:20 12M M, from the causes and on the date stated above.

SIGNATURE Frank T. Harriat M.D. ADDRESS 59 E Main St. Frostburg Md. DATE SIGNED 3/30/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 3-31-55 — NAME OF CEMETERY OR CREMATORY St. Peter & St. Paul — LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR 3-31-55 — REGISTRAR'S SIGNATURE Mrs. Nancy N. Roe

24. FUNERAL DIRECTOR Jacot Hafer — ADDRESS Frostburg

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02145

2155 CERTIFICATE OF DEATH Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 02 Cumberland
LENGTH OF STAY (in this place) 2/24/55
HOSPITAL OR INSTITUTION OR STREET ADDRESS 91 Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland 02
STREET ADDRESS (If rural give location) 201 Spring Street 1

3. NAME OF DECEASED: (Type or Print) (First) Clara (Middle) (Last) Dowlan

4. DATE OF DEATH: (Month) March (Day) 7, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 9/1/1880

9. AGE last birthday 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own House

11. BIRTHPLACE (State or foreign country): Cumberland, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Adam Weisenmiller

14. MOTHER'S MAIDEN NAME: Mary Snyder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) H No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 IMMEDIATE CAUSE (A) Chronic Myocarditis ?

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) General arteriosclerosis ?

DUE TO (C) Parkinson's Disease ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Secondary anemia ?

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 24, 1955 to Mar. 7, 1955, that I last saw the deceased alive on Mar. 7, 1955, and that death occurred at 9:00 P M, from the causes and on the date stated above.

SIGNATURE James B. McKeaun M.D. ADDRESS 49 Greene St. DATE SIGNED 3-8-55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF March 10 1955

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) Cumberland (State) Md.

DATE RECD BY LOCAL REGISTRAR March 10, 1955

REGISTRAR'S SIGNATURE Winter R. Frank, M.D.

24. FUNERAL DIRECTOR William H. Kight, ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

Out... City Limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02146

2224

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) La Vale, Near Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS National Pike, R. F. D. #1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) La Vale, Near Cumberland
STREET ADDRESS (If rural give location) National Pike, R. F. D. #1

3. NAME OF DECEASED: (Type or Print) (First) IDA (Middle) BELL (Last) EVERLINE

4. DATE OF DEATH: (Month) March (Day) 16, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March 7, 1873

9. AGE last birthday 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Samuel Gaumer

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If No, (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs. Ardella Mahaney La Vale, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

460X IMMEDIATE CAUSE (A) Arterio sclerosis

ANTECEDENT CAUSE (S): DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Diabetes Mellitus DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1955, to March 16, 1955, that I last saw the deceased alive on Jan 3/15/1955, and that death occurred at 9 A M, from the causes and on the date stated above.

SIGNATURE M. D. Charlotte B Gardner ADDRESS Cumberland, Md. DATE SIGNED Allegany Mar

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF 3/18/55

NAME OF CEMETERY OR CREMATORY Rose Hill Mausoleum

LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR March 18, 1955

REGISTRAR'S SIGNATURE Walter L. Trautz, M.D.

24. FUNERAL DIRECTOR H. Wayne George ADDRESS Cumberland, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

Within corporate limits: 2156

02147

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY: Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland

LENGTH OF STAY (in this place): 2 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Fort Cumberland Hotel

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Pa. COUNTY: Allegheny

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Pittsburgh 7

STREET ADDRESS (If rural, give location): 333 Kaercher St

3. NAME OF DECEASED: (Type or Print) (First) Howard (Middle) M. (Last) Fisher

4. DATE OF DEATH (Month) March (Day) 10 (Year) 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	white	married	Dec. 3-1891	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Traveling Freight Agt,	Reading R.Ry.	Pittsburg, Pa.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Frank Fisher	Ella McTherson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	715-18-5397	(wife) Ethel G. Fisher, Pittsburgh, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (420.1)	(a) Coronary occlusion	sudden
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Coronary insufficiency with angina syndrome	3 or 4 yrs.
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: H. V. Deming M.D. H. V. Deming M.D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
M. D. ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED: March 10-1955

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-12-55	Mt. Royal Cem.	Glenshaw, Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 10, 1955	Dexter K. Lantz, M.D.	Charles L. George	Cumberland, Md.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02148

2157 CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 02 Cumberland
LENGTH OF STAY (in this place) 2/26/55
HOSPITAL OR INSTITUTION OR STREET ADDRESS 91 Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Little Orleans X
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First) Courtney (Middle) A. (Last) Fletcher

4. DATE OF DEATH: (Month) March (Day) 11, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1/11/1877

9. AGE last birthday 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired -

10B. KIND OF BUSINESS OR INDUSTRY: Farmer - Own farm

11. BIRTHPLACE (State or foreign country): Little Orleans, Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Phillip Fletcher

14. MOTHER'S MAIDEN NAME: Anna Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1

IMMEDIATE CAUSE (A) Pulmonary Congestion — 36 hrs.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Chronic Myocarditis — ?

DUE TO (C) General Arteriosclerosis — ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Parkinson's Disease — 5 yrs

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 26, 1955 to Mar. 11, 1955, that I last saw the deceased alive on Mar. 10, 1955, and that death occurred at 10.18A M, from the causes and on the date stated above.

SIGNATURE James E. McLean M.D. ADDRESS 49 Frecce St. DATE SIGNED 3-11-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 3.14.55 — NAME OF CEMETERY OR CREMATORY Piney Plains Cemetery — LOCATION (City, town, or county) (State) Little Orleans Allegany Md.

DATE REC'D BY LOCAL REGISTRAR March 14, 1955 — REGISTRAR'S SIGNATURE Walter L. Hauck, M.D.

24. FUNERAL DIRECTOR Howard J. Grove — ADDRESS Flintstone Md.

2225

02143

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Savage
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Mt. Savage
STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) (Last) Flynn

4. DATE OF DEATH (Month) March (Day) 3 (Year) 19 55

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Oct. 17-1872

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired Conductor

10b. KIND OF BUSINESS OR INDUSTRY: C & P. R.Ry.

11. BIRTHPLACE (State or foreign country): Westernport, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Flynn

14. MOTHER'S MAIDEN NAME: Elizabeth Spates

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 712-14-1577

17. INFORMANT & ADDRESS: Mrs. Veronica Flynn, Mt Savage, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
540.0 Immediate cause	(a) Asthenia	2 week
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Hematemesis	2 yrs
DUE TO		
	(c) Chronic gastric ulcer	2 yrs

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0 **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, street, office bldg., etc., OF INJURY **21c.** (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H. V. Deming M.D. H. V. Deming M.D. M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED March 4-1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 3-5-1955 | NAME OF CEMETERY OR CREMATORY: St. Patricks Cetemery | LOCATION (City, town, or county) (State): Mt. Savage, Md.

DATE REC'D BY LOCAL REG. March 24, 1955 | REGISTRAR'S SIGNATURE Veronica McDermott

24. FUNERAL DIRECTOR ADDRESS: J.R. Durst, Frostburg, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02150

2211

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 22 Frostburg
LENGTH OF STAY (in this place) 18 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS (If not in hospital or institution, give street address or location) Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg
STREET ADDRESS (If rural give location) 110 Maple St.

3. NAME OF DECEASED: (Type or Print) (First) DEBORAH (Middle) ANN (Last) FREAL

4. DATE OF DEATH: (Month) Mar. (Day) 2, (Year) 19 55

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single

8. DATE OF BIRTH: 5-18-1954

9. AGE last birthday yrs. IF UNDER 1 YEAR Months 9 Days 11 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David Freal

14. MOTHER'S MAIDEN NAME: Dolores Bean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) N

If Yes, give war or dates of service

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: David Freal, Frostburg, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490X IMMEDIATE CAUSE (A) Pneumonia, Lobar, Bilateral — INTERVAL BETWEEN ONSET AND DEATH: 2 days -

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO U.R.I. — 3 days.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 28, 1955, to Mar 2 19 55 that I last saw the deceased alive on Mar 2, 19 55 and that death occurred at 2:30 A.M. from the causes and on the date stated above.

SIGNATURE John B. Davis, M.D. ADDRESS Frostburg, Md. DATE SIGNED 3/3/55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 3-4-1955

NAME OF CEMETERY OR CREMATORY F'bg. Memorial Park

LOCATION (City, town, or county) (State) Frostburg, Md.

DATE REC'D BY LOCAL REGISTRAR 3-4-55

REGISTRAR'S SIGNATURE Mrs. Nancy N. Roe

24. FUNERAL DIRECTOR ADDRESS J. R. Durst, Frostburg, Md.

2054181416

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Outside of City Limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2226

02151

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural near Cresaptown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS McMullen Hgh.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural near Cresaptown
STREET ADDRESS (If rural give location) McMullen Hgh.

3. NAME OF DECEASED: (Type or Print) (First) Eleanor (Middle) Blanche (Last) George

4. DATE OF DEATH: (Month) Mar. (Day) 30, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Mar. 21, 1905

9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife and Secretary for George Construction Co.

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Henderson

14. MOTHER'S MAIDEN NAME: Josephine Willison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 220-28-9486

17. INFORMANT & ADDRESS: Charles E. George R. D. # 3 Keyser, W. Va

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171X
IMMEDIATE CAUSE (A) Adenocarcinoma Cervix — INTERVAL BETWEEN ONSET AND DEATH: 1949

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) with metastasis
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: Sept 11, 1953

19B. MAJOR FINDINGS OF OPERATION: Metastatic Ca left side of pelvis, extension

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 11, 1953, to Mar 30, 1955, that I last saw the deceased alive on ....., 19..., and that death occurred at 6:30 A. M, from the causes and on the date stated above.

SIGNATURE: Wm Fow M.D. by Carlton Brimfield M.D.
ADDRESS: 5 Washington St. Cumberland, Md.
DATE SIGNED: 1 Apr 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 4-1-1955
NAME OF CEMETERY OR CREMATORY: HillCrest Cem.
LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR: April 1, 1955
REGISTRAR'S SIGNATURE: Walter R. Frantz, M.D.

24. FUNERAL DIRECTOR: Charles L. George
ADDRESS: Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

Within Corporate Limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02152

2158 CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural give location) 120 N. Smallwood St.

3. NAME OF DECEASED: (Type or Print) (First) Francis (Middle) DeSales (Last) Glick

4. DATE OF DEATH: (Month) 3/14/55 (Day) (Year) 19

5. SEX: M.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4/1/92

9. AGE last birthday 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Grocer Corp

10B. KIND OF BUSINESS OR INDUSTRY: Own Grocery Store

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank J. Glick Deceased

14. MOTHER'S MAIDEN NAME: Catherine Holgen Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) War I

16. SOCIAL SECURITY NO. 214 07 1596

17. INFORMANT & ADDRESS: Old Chart

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

411 IMMEDIATE CAUSE (A) 1. Cardiac arrest — Immediate

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) 3 Chronic Valvular Heart disease, antic stenosis, rheumatic — 20 years.

DUE TO (C) 2. Congestive Heart failure — 7 months

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 47 19 , to 14 mo., 1955 that I last saw the deceased alive on 14 mo., 1955, and that death occurred at 1:50 P.M, from the causes and on the date stated above.

SIGNATURE W. Alfred Vance M. D. ADDRESS Cumberland, Md. DATE SIGNED 15 mo. 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 3/17/55

NAME OF CEMETERY OR CREMATORY St. Peter & Paul Cemetery

LOCATION (City, town, or county) Cumberland (State) Maryland

DATE REC'D BY LOCAL REGISTRAR March 17, 1955

REGISTRAR'S SIGNATURE Walter R. Frantz, M.D.

24. FUNERAL DIRECTOR Louis Stein, Inc. ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information correctly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02153

Items 8-9: film G177 4/1/55 L

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 02 Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 62 Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg 22
STREET ADDRESS (If rural give location) 11 Welch Street

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) Lee (Last) Gooding

4. DATE OF DEATH: (Month) 3/10/55 (Day) (Year) 19

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Sept. 21 ~~1876~~ 1875

9. AGE last birthday 79 ~~78~~ yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): W.Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W Gooding

14. MOTHER'S MAIDEN NAME: Margaret Spicer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Patients chart

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

422.2 IMMEDIATE CAUSE (A) Myocarditis — 31 days

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-9-55, 19..., to 3-10-55, 19..., that I last saw the deceased alive on 3-10-55, 19..., and that death occurred at 10:01 AM, from the causes and on the date stated above.

SIGNATURE C R Simmons M. D. ADDRESS DATE SIGNED 3-10-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF March 12 55 | NAME OF CEMETERY OR CREMATORY St Michaels | LOCATION (City, town, or county) (State) Frostburg, Md

DATE REC'D BY LOCAL REGISTRAR March 11, 1955 | REGISTRAR'S SIGNATURE Winter K. Tank, M.D. | 24. FUNERAL DIRECTOR J. Durst | ADDRESS Frostburg Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

Within corporate limits 2160 02154

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 02 Cumberland
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 60 Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W.Va. COUNTY Mineral
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Rural) Route #4 Keyser 85X-3
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Debra (Middle) Kay (Last) Greco

4. DATE OF DEATH (Month) March (Day) 1 (Year) 1955

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: Feb.23-1955
9. AGE last birthday: - yrs. IF UNDER 1 YEAR Months - Days 6 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Keyser, W.Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Larry Greco
14. MOTHER'S MAIDEN NAME: Bessie M.Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Memorial Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
756.2 Immediate cause	(a) Atelectasis of lungs (bilateral)	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Congenital atresia of esophagus	6 days
	DUE TO (c) Communication of esophagus with main bronchus.	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19a. DATE OF OPERATION: 3 March 1/55
19b. MAJOR FINDING OF OPERATION: see cause of death
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V.Deming M.D. H.V. Deming M.D. M.D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED March 1-1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Mar. 2-55
NAME OF CEMETERY OR CREMATORY Bruetown Cemetery
LOCATION (City, town, or county) (State) R.F.D. Rawlings Alleg. Md

DATE REC'D BY LOCAL REG. March 1, 1955
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR ADDRESS W. Harold Fredlock Cumberland

9V2599V99V

VS. A15A-5-53

Within corporate limits: 2161

02155
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 22 Cumberland

LENGTH OF STAY (in this place) 6 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 518 Louisana Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE W.Va. COUNTY Barbour

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Belington 85 x -3

STREET ADDRESS (If rural, give location)

V

3. NAME OF DECEASED: (Type or Print) (First) Lyle (Middle) Dewey (Last) Griffith

4. DATE OF DEATH (Month) March (Day) 24 (Year) 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	white	married	March 30-1899	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired Foreman	Construction	Casson, W.Va.	U.S.A.

13. FATHER'S NAME: Thomas Griffith

14. MOTHER'S MAIDEN NAME: Mamie Griffith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
2 no	201-01-4099	(aunt) Cora Griffith, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.1 Immediate cause	(a) Coronary occlusion	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Coronary sclerosis with angina syndrome.	?
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒
0		

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V. Deming M.D. H.V. Deming M.D. — M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 3-24-1955

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/28/55	Maple wood Cemetery	Elkins, W.Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 26, 1955	Walter R. Rauch, M.D.	John J. Hofer (Hofer)	Cumberland, Md

VS. A15A - 5 - 53

Within corporate limits

2162

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02156

1454

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY: Allegany
MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cumberland
LENGTH OF STAY (in this place): 25 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 519. Shriver Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cumberland
STREET ADDRESS (If rural give location): 519. Shriver Ave

3. NAME OF DECEASED: (First) Sara (Middle) (Last) Grindle

4. DATE OF DEATH: (Month) March (Day) 27 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: December 9 1880

9. AGE last birthday: 74 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Lonaconing Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John W. Robertson

14. MOTHER'S MAIDEN NAME: Rebecca Jenkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: John Koontz, Cumberland, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592X

IMMEDIATE CAUSE (A) Uremia & Coma — INTERVAL BETWEEN ONSET AND DEATH: 72 hrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Chronic Nephritis — —

DUE TO (C) Ravages of Age — —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. — —

19A. DATE OF OPERATION: 0 —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/25/55, 19..., to 3/27/55, 19..., that I last saw the deceased alive on 3/20/55, 19..., and that death occurred at 1:30 P.M. from the causes and on the date stated above.

SIGNATURE D. Williams M. D. ADDRESS Cumberland Md. DATE SIGNED 3/28/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Mar 30 1955
NAME OF CEMETERY OR CREMATORY: Frostburg Memorial Park
LOCATION (City, town, or county) (State): Frostburg, Md.

DATE REC'D BY LOCAL REGISTRAR: March 30, 1955
REGISTRAR'S SIGNATURE: Winter K. Frantz, M.D.

24. FUNERAL DIRECTOR: William H. Kight, Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

Within corporate limits.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 .02157

2163 CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 02 Cumberland
LENGTH OF STAY (in this place) 52 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 60 Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland 02
STREET ADDRESS (If rural give location) 313 Race Street 1

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Frederick (Last) Gulbronson

4. DATE OF DEATH: (Month) 3 (Day) 8 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Jan. 28, 1882

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): retired doubler

10b. KIND OF BUSINESS OR INDUSTRY: Tin Plate Mill

11. BIRTHPLACE (State or foreign country): Paw Paw, W. Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: L. P. Gulbronson

14. MOTHER'S MAIDEN NAME: Josephine Christopherson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: 213-22-4103

17. INFORMANT & ADDRESS: Mrs. W. F. Gulbronson, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Cardiac Dilatation	acute
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Myocarditis	6 mo
	DUE TO (c)	

422.2

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/7/, 1955, to 3/8/, 1955, that I last saw the deceased alive on 3/8/, 1955, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE Chas S Lucas (Degree or title) ADDRESS Cumberland. DATE SIGNED 3/9/55

23. BURIAL, CREMATION, REMOVAL (Specify) burial | DATE THEREOF 3-11-1955 | NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery | LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR March 10, 1955 | REGISTRAR'S SIGNATURE Winter K. Wantz, M.D. | 24. FUNERAL DIRECTOR ADDRESS James F. Scarpelli, Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02158

2227

CERTIFICATE OF DEATH

Reg. Dist. No. 1

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oldtown — LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Oldtown

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oldtown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Frances (Middle) Rebecca (Last) Hartley

4. DATE OF DEATH: (Month) Mar. (Day) 23 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Apr. 3 - 1866

9. AGE last birthday 88 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Leighty

14. MOTHER'S MAIDEN NAME: Mary Mallott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs. Bessie Hinkle, Oldtown Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.2

IMMEDIATE CAUSE (A) Acute Dilatation of Heart

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Chronic Senile Myocardial DUE TO

(C) Insufficiency

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senility

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1955 to March 23 1955, that I last saw the deceased alive on March 20 1955, and that death occurred at 9 A. M. from the causes and on the date stated above.

SIGNATURE L. E. Canfield M. D. ADDRESS Cumberland DATE SIGNED 3/24/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Mar. 26 55 — NAME OF CEMETERY OR CREMATORY Glendale Cemetery — LOCATION (City, town, or county) Flintstone, Md. (State)

DATE REC'D BY LOCAL REGISTRAR March 26, 1955 — REGISTRAR'S SIGNATURE Mrs. Fay Duckworth

24. FUNERAL DIRECTOR John J. Halper, Sr. ADDRESS L.D.H.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02159

3212

CERTIFICATE OF DEATH

Reg. Dist. No. 9

Item 8 Filmed 80 4-18-55 ot

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg
LENGTH OF STAY (in this place) 22
HOSPITAL OR INSTITUTION OR STREET ADDRESS 44 Grant St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg 22
STREET ADDRESS (If rural give location) 44 Grant St. 1

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) (Last) Harvey

4. DATE OF DEATH: (Month) 3 (Day) 9 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 21 1874

9. AGE last birthday 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY Fire Brick Co

11. BIRTHPLACE (State or foreign country): Midlothian, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Harvey

14. MOTHER'S MAIDEN NAME: Mary Tibbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY NO. 218-16-4389

17. INFORMANT & ADDRESS: Mrs Robert Arendt Rt 2 Redmond

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute Cardiac Dilatation — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Bronchial Asthma — 2 years

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 8, 1955, to Mar 9, 1955, that I last saw the deceased alive on Mar 8, 1955, and that death occurred at 10:15 P M, from the causes and on the date stated above.

SIGNATURE W.O.M.C. Lane M.D. ADDRESS M.D. Frostburg Md DATE SIGNED Mar 11 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 3-12-1955 — NAME OF CEMETERY OR CREMATORY Frostburg Mem. Park — LOCATION (City, town, or county) Frostburg (State) Md

DATE REC'D BY LOCAL REGISTRAR 3-12-55 — REGISTRAR'S SIGNATURE Mrs. Nancy N. Poe

24. FUNERAL DIRECTOR Jacob Hafer — ADDRESS Frostburg, Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02160

2213

CERTIFICATE OF DEATH

Reg. Dist. No. 6

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westernport
LENGTH OF STAY (in this place) 24 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 506 Md. Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport
STREET ADDRESS (If rural give location) 506 Md Ave

3. NAME OF DECEASED: (Type or Print) (First) Earl (Middle) Guy (Last) Hawk

4. DATE OF DEATH: (Month) (Day) (Year) March 23 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: March 24, 1908 | 9. AGE last birthday 46 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist | 10B. KIND OF BUSINESS OR INDUSTRY: Paper mill | 11. BIRTHPLACE (State or foreign country) Maysville, W Va | 12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Granville Hawk | 14. MOTHER'S MAIDEN NAME: Lena Becker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY NO. 216-04-7087 | 17. INFORMANT & ADDRESS: Mrs E. D. Hawk, Westernport Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Embolus — INTERVAL BETWEEN ONSET AND DEATH: 90 Minutes

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 23, 1955, to Mar. 23, 1955, that I last saw the deceased alive on Mar. 23, 1955, and that death occurred at 8:15 P. M, from the causes and on the date stated above.

SIGNATURE Paul A Wilson M. D. ADDRESS Piedmont W. Va. DATE SIGNED Mar. 25, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 3-27-55 | NAME OF CEMETERY OR CREMATORY Philos Cemetery | LOCATION (City, town, or county) (State) Westernport Md

DATE REC'D BY LOCAL REGISTRAR Mar 25, 1955 | REGISTRAR'S SIGNATURE Mrs Jean C. Tully | 24. FUNERAL DIRECTOR E. D. Boal | ADDRESS Westernport Md

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Within corporate limits

2164

02161

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

I. PLACE OF DEATH:

COUNTY Allegany MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 02 Cumberland

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 79 Dead on arrival at the Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Pa. COUNTY Bedford

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rural) Buffalo Mills 75x-3

STREET ADDRESS (If rural, give location) R.F.D.#1

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Harry Gene		Herline	March	3	19 55

5. SEX:	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	White	single	June 1-1953	1 yrs.	9			

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
None	None	Cumberland, Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Henry Ward Herline Jr.	Norma Fay Shroyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	none	(Father) Henry W. Herline Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) 057.1 Waterhouse Freidrichson Syndrome	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Strepto cocci pneumonitis	about 14 hrs.
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐
2		

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V. Deming M.D. H.V. Deming M.D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ M. D.

DATE SIGNED March 3-1955

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 5, 1955	Madley Cemetery	Madley, Pennsylvania

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 4, 1955	Walter K. Lantz, M.D.	Harvey N. Beigler	Needmore, Penna

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

DR. W. F. WMS.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02162

2165 CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 76 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 60 MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FROSTBURG, rural
STREET ADDRESS (If rural give location) RT. #1 Vale Summit

3. NAME OF DECEASED: (Type or Print) (First) PATRICK (Middle) F. (Last) HIGGINS

4. DATE OF DEATH: (Month) MARCH (Day) 16 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOWED
8. DATE OF BIRTH: MARCH 5, 1876
9. AGE last birthday 79 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Retired Maintenance of Way Worker - B. and O. Railroads
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): MARYLAND, Vale Summit
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MICHAEL HIGGINS
14. MOTHER'S MAIDEN NAME: MARY A. DELANEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0
IMMEDIATE CAUSE (A) Arteriosclerotic Heart Disease
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C) Generalized Arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1955, to 3-16, 1955, that I last saw the deceased alive on 3-16, 1955, and that death occurred at 6:42P M, from the causes and on the date stated above.

SIGNATURE M. D. W. F. Williams
ADDRESS Cumberland Md.
DATE SIGNED 3-17-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF March 21, 1955
NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery
LOCATION (City, town, or county) Cumberland, Maryland (State) Md.

DATE REC'D BY LOCAL REGISTRAR March 18, 1955
REGISTRAR'S SIGNATURE Winter L. Frantz, M.D.
24. FUNERAL DIRECTOR J. K. Durst, Frostburg,
ADDRESS "

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Within corporate limits

DR. ZIMMERMAN

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02163

2166

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 57 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND, Rural
STREET ADDRESS (If rural give location) ROUTE #4 BOX 257

3. NAME OF DECEASED: (Type or Print) (First) RUTH (Middle) Catherine (Last) HIXON

4. DATE OF DEATH: (Month) MARCH (Day) 9 (Year) 1955

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED
8. DATE OF BIRTH: FEB. 5, 1917
9. AGE last birthday 38 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bobbin Stores
10B. KIND OF BUSINESS OR INDUSTRY: Celanese Corp
11. BIRTHPLACE (State or foreign country): Cherry Run W. Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE MURPHY
14. MOTHER'S MAIDEN NAME: JUNNIE LOGUE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-18-1737
17. INFORMANT & ADDRESS: Richard Hixon Ofty Cumb. Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171X

IMMEDIATE CAUSE (A) Carcinoma of cervix — INTERVAL BETWEEN ONSET AND DEATH: 1yr. 8 mos 18 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Carcinomatosis — 1 yr.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: June 16, 1953
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of cervix
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 16 19 53 to Mar. 9, 19 55, that I last saw the deceased alive on Mar. 9, 19 55, and that death occurred at 5:30 PM, from the causes and on the date stated above.

SIGNATURE C C Zimmerman M. D.
ADDRESS 105 S. Centre St.
DATE SIGNED 3-10-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 3/12/55
NAME OF CEMETERY OR CREMATORY Hixon Cemetery
LOCATION (City, town, or county) (State) Spring Gap Md

DATE REC'D BY LOCAL REGISTRAR March 12, 1955
REGISTRAR'S SIGNATURE Walter L. Frantz, M.D.
24. FUNERAL DIRECTOR John J. Hafer
ADDRESS Cumberland Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

Within corporate limits DR. ELIASON 2167 02164

Items 18&21 Film G178 3-10-55 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 3 HRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL & WARWICK AVES.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND, Rural 11 X - 2
STREET ADDRESS (If rural give location) RT. #1

3. NAME OF DECEASED: (Type or Print) (First) RANDY (Middle) DALE (Last) HOLLER

4. DATE OF DEATH: (Month) MARCH (Day) 4 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: DECEMBER 16, 1954

9. AGE last birthday yrs. IF UNDER 1 YEAR Months 2 Days 18 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): OAKLAND, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: LYDEN ROY HOLLER

14. MOTHER'S MAIDEN NAME: ESTHER CROSCO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Memorial Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

921.0

IMMEDIATE CAUSE (A) Inhalation Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 5 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Inhalation & Mucus DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) Home

21C. WHERE DID INJURY OCCUR? (City or town) (County) Garrett (State) Md.

21D. TIME OF INJURY (Month) (Day) Feb. 27 (Year) '55 (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? Vomited and inspirated milk into lung

22. I hereby certify that I attended the deceased from 3-4, 1955 PM 3-4, 1955, that I last saw the deceased alive on 3-4, 1955, and that death occurred at 10:02 AM from the causes and on the date stated above.

SIGNATURE W. E. Eliason M.D. ADDRESS 176 Queen St Cumberland Md DATE SIGNED 3/6

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF March 6, 1955 | NAME OF CEMETERY OR CREMATORY Bray Cemetery | LOCATION (City, town, or county) Kitzmiller, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR March 5, 1955 | REGISTRAR'S SIGNATURE W.R. Sauby M.D. | 24. FUNERAL DIRECTOR Emory Golden, Oakland, Maryland ADDRESS

20V4399343

Within corporate limits

2168

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg (Dist.) 02165

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 7 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 317 Pulaski St.

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) (Last) Holzen
4. DATE OF DEATH (Month) March (Day) 16 (Year) 19 55
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: Oct. 4-1874
9. AGE Last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Cumberland, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John H. Holzen
14. MOTHER'S MAIDEN NAME: Catherine Pallous

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: n one
17. INFORMANT & ADDRESS: (brother) John F. Holzen, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause (a)	Intracranial hemorrhage	about
DUE TO		
Antecedent cause(s) (b)	Fractures of the skull	7 hours.
DUE TO		
(c)	A fall down stairs at home.	

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) Home
21c. (City or town) Cumberland (County) Allegany (State) Md.
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY March 16/55 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Fell down stairs while going down stairs to answer telephone.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H. V. Deming M.D. H. V. Deming M.D. M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 3-17-1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF March 19, 1955
NAME OF CEMETERY OR CREMATORY St. Peter and Paul Cem.
LOCATION (City, town, or county) (State) Cumberland, Maryland.

DATE REC'D BY LOCAL REG. March 18, 1955
REGISTRAR'S SIGNATURE Walter K. Lantz, M.D.
24. FUNERAL DIRECTOR Louis Stein, Inc.,
" ADDRESS "

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02166

2228

CERTIFICATE OF DEATH

Reg. Dist. No. .....

Item 8, Film G180 4-15-55 et

1. PLACE OF DEATH:
COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Flintstone
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 08 Flintstone
MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Flintstone
STREET ADDRESS (If rural give location) Flintstone Star Route X 1

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) John (Last) Hout

4. DATE OF DEATH: (Month) March (Day) 23 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 8, 1872 Month 6 Day 8 Year 1872

9. AGE last birthday 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Doubler

10B. KIND OF BUSINESS OR INDUSTRY: Tin plate mill

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Hout

14. MOTHER'S MAIDEN NAME: Anna Dunkirk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Homer Hout, Flintstone, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary Occlusion. — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Generalized Arteriosclerosis — year

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar., 1955, to 3/23, 1955, that I last saw the deceased alive on 3/23, 1955, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE George M. Brown M.D. ADDRESS Cumberland Md DATE SIGNED 3/24/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Mar. 26, 1955 — NAME OF CEMETERY OR CREMATORY Greenmount Cemetery — LOCATION (City, town, or county) Cumberland, (State) Md.

DATE REC'D BY LOCAL REGISTRAR March 26, 1955 — REGISTRAR'S SIGNATURE Mina L. Bendel.

24. FUNERAL DIRECTOR John J. Hafer — ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

Hafer
65

Within corporate limit.

2169

02167

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 1103 Virginia Ave.

3. NAME OF DECEASED: (Type or Print) (First) Flora (Middle) May (Last) Hutson

4. DATE OF DEATH (Month) March (Day) 10 (Year) 1955

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: May 30-1886

9. AGE Last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Klondike, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Reed

14. MOTHER'S MAIDEN NAME: Susan Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or nnk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Memorial Hospital records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Myocardial failure — Interval between onset and death: 2 weeks

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Myocarditis — ?

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fractured neck of left femur. — 30 days.

19a. DATE OF OPERATION: Feb. 17-1955

19b. MAJOR FINDING OF OPERATION: Open reduction fracture reduced, Jewett nail inserted

20. AUTOPSY? Yes ☐ No ☒*

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒* CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.,) INJURY Home

21c. (City or town) Cumberland (County) Allegany (State) Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb. 8/55 - 9 P. M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Fell to dining room floor & fractured left femur.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H. V. Deming M. D. M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED March 10-1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF March 13, 1955 — NAME OF CEMETERY OR CREMATORY Green Meadows Cem. — LOCATION (City, town, or county) Mar Flintstone, Maryland (State)

DATE REC'D BY LOCAL REG. March 11, 1955 — REGISTRAR'S SIGNATURE Winter K. Frantz, M.D.

24. FUNERAL DIRECTOR Louis Stein, Inc., Cumberland, — ADDRESS "

Stein

Within corporate limits

10- Lat. Scarpelli

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02168

2170

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 02 Cumberland
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 62 Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland 02
STREET ADDRESS (If rural give location) Apt. 14-D Jane Frazier Village

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Henry (Last) Johnson

4. DATE OF DEATH: (Month) March (Day) 31, (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 5/2/96
9. AGE last birthday 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: St. Peter & Pauls Church
11. BIRTHPLACE (State or foreign country): Md. Maryland Cumberland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benedict Johnson
14. MOTHER'S MAIDEN NAME: Louise C. Dummell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W. I
16. SOCIAL SECURITY NO. 2I4-07-2723
17. INFORMANT & ADDRESS: Patient's Chart.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
443X
IMMEDIATE CAUSE (A) Congestive Heart Failure
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Hypertensive Cardio-Vascular Disease
(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/27, 1955, to 3/31, 1955, that I last saw the deceased alive on 3/31, 1955, and that death occurred at 2 P. M, from the causes and on the date stated above.
SIGNATURE Geo D. Ley Jr M.D.
ADDRESS 456 N. Centre St.
DATE SIGNED 4/1/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 4-4-55
NAME OF CEMETERY OR CREMATORY St Peter & Pauls Cem
LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR April 2, 1955
REGISTRAR'S SIGNATURE Walter R. Wantz, M.D.
24. FUNERAL DIRECTOR James F. Scarpelli ADDRESS Cumberland, Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

Within corporate limits

DR. DURRETT

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02169

2171 CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY ALEEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND, MD.
LENGTH OF STAY (in this place) 24 HRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL & WARWICK AVES.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural give location) 1016 ELLA AVE.,

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) V. (Last) JONES

4. DATE OF DEATH: (Month) MARCH (Day) 24 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) WIDOWED

8. DATE OF BIRTH: MAY 11 1898

9. AGE last birthday 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Romney, West Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: LUTHER E. ROBINSON

14. MOTHER'S MAIDEN NAME: BETTY E. DAVIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Memorial Hospital, Cumberland, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Acute

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Myocarditis — 1 yr.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to Mar. 24, 1955, that I last saw the deceased alive on Mar. 24, 1955, and that death occurred at 8:40 AM from the causes and on the date stated above.

SIGNATURE Clay E. Durrett M. D. ADDRESS Cumberland DATE SIGNED 3/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF March 27 1955

NAME OF CEMETERY OR CREMATORY Greenmount Cemetery

LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR March 26, 1955

REGISTRAR'S SIGNATURE Winter R. Healy, M.D.

24. FUNERAL DIRECTOR Willia m H. Kight ADDRESS Cumberland Md.

VS. A15—10-53

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02170

2172 CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
STREET ADDRESS (If rural give location) 226 Grand Ave.

3. NAME OF DECEASED: (Type or Print) (First) Baby Boy (Middle) (Last) Kemp

4. DATE OF DEATH: (Month) March (Day) 23 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH: March 22, 1955

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 11 Min. 45

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cumberland, Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Clyde Kemp

14. MOTHER'S MAIDEN NAME: Shirley Robinette [redacted]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mother's chart

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776.X IMMEDIATE CAUSE (A) Immature Organs

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Premature Birth (24wks)

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 March 55, 19..., to —, 19..., that I last saw the deceased alive on 22 March, 1955, and that death occurred at 9P M, from the causes and on the date stated above.

SIGNATURE Leland A. Causom ADDRESS M. D. 63 Greene St. Cumb. Md. DATE SIGNED 25 March 55

23. BURIAL, CREMATION, REMOVAL, (SPECIFY) Burial

DATE THEREOF 3-25-1955

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Cumberland Md.

DATE REC'D BY LOCAL REGISTRAR March 25, 1955

REGISTRAR'S SIGNATURE Wintes L. Fauntz, M.D.

24. FUNERAL DIRECTOR Louis Stein Inc.

ADDRESS Cumberland, Md.

20.35182.221

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02171

2173

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place) 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
STREET ADDRESS (If rural give location) 226 Williams St.

3. NAME OF DECEASED: (Type or Print) (First) Bessie (Middle) Regina (Last) Ketzner

4. DATE OF DEATH: (Month) (Day) (Year) March 22, 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single

8. DATE OF BIRTH: 12/14/99

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tel. operator

10B. KIND OF BUSINESS OR INDUSTRY: B&O Railroad

11. BIRTHPLACE (State or foreign country): W. Va.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Ketzner

14. MOTHER'S MAIDEN NAME: Georgianna Forney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 705-05-4473

17. INFORMANT & ADDRESS: Patient's chart Sacred Heart Hosp. Anna Ketzner, Cumberland, M

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

175X IMMEDIATE CAUSE (A) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 4 wks

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Carcinoma of Ovaries — 2 mos

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 25, 1955 to Mar. 23, 1955, that I last saw the deceased alive on Mar. 23, 1955, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE Clark R. Durrett M. D. ADDRESS Cumberland DATE SIGNED 3/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Mar. 26, 1955 | NAME OF CEMETERY OR CREMATORY St. Patricks Cemetery | LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR March 25, 1955 | REGISTRAR'S SIGNATURE Walter R. Frantz, M.D.

24. FUNERAL DIRECTOR H. Wayne George, ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

2229

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 02172

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dawson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home R.F.D.#3

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Dawson
STREET ADDRESS (If rural, give location) Home R.F.D. #3 (Keyser)

3. NAME OF DECEASED: (Type or Print) (First) Sharmain (Middle) Robin (Last) Kimble

4. DATE OF DEATH (Month) March (Day) 17, (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan. 10, 1955

9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR Months 2 Days 7 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Keyser, W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Arnold D. Kimble

14. MOTHER'S MAIDEN NAME: Lauvella Hoopengarner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) N (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Arnold D. Kimble - Dawson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

491.X

Immediate cause (a) Broncho-Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V.Deming, M.D. H. V. Deming M.D. M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 3-19-55

NAME OF CEMETERY OR CREMATORY Queens Point Cemetery

LOCATION (City, town, or county) (State) Keyser, W. Va.

DATE REC'D BY LOCAL REG. 3-18-55

REGISTRAR'S SIGNATURE Mrs Jean C. Kelly

24. FUNERAL DIRECTOR Rogers Funeral Home ADDRESS Keyser, W. Va.

9V1599V99V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Revision

02173

2214 CERTIFICATE OF DEATH

Reg. Dist. No. 6

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Westernport 43
LENGTH OF STAY (in this place) 20 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Talbots Hill

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westernport 43
STREET ADDRESS (If rural give location) Talbots Hill 1

3. NAME OF DECEASED: (Type or Print) (First) Andrew (Middle) Martin (Last) Kirk

4. DATE OF DEATH: (Month) March (Day) 9 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed
8. DATE OF BIRTH: Feb 21 1878
9. AGE last birthday 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner Ret.
10B. KIND OF BUSINESS OR INDUSTRY: Coal Mine
11. BIRTHPLACE (State or foreign country): Barton, Md
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: James Kirk
14. MOTHER'S MAIDEN NAME: Jane Lamont

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs Howard Fremm, Westernport Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4222 IMMEDIATE CAUSE (A) Chronic Myocarditis and Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 1 Year

ANTECEDENT CAUSE (S) DUE TO (A) Not specified as Rheumatic

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic Bronchitis with Asthma and Anthracosis — 10 Years

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 8, 1955, to Mar 9, 1955, that I last saw the deceased alive on Mar 8, 1955, and that death occurred at 7:50 P M, from the causes and on the date stated above.

SIGNATURE Paul R Wilson M.D. ADDRESS Piedmont, W. Va. DATE SIGNED Mar 11, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 3-12-1955
NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery
LOCATION (City, town, or county) (State) Mosaw, Md.

DATE REC'D BY LOCAL REGISTRAR 3-12-55
REGISTRAR'S SIGNATURE Mrs Jean C. Kelly
24. FUNERAL DIRECTOR E. S. Boal
ADDRESS Westernport Md

DR. WEISMAN 2174

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

02174 Reg. Dist. No. 7

1. PLACE OF DEATH: COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 02 CUMBERLAND
LENGTH OF STAY (in this place) 28 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 60 MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND 02
STREET ADDRESS (If rural give location) 352 BEDFORD ST

3. NAME OF DECEASED: (Type or Print) (First) CLYDE (Middle) E (Last) LARGENT

4. DATE OF DEATH: (Month) MARCH (Day) 8 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): SINGLE
8. DATE OF BIRTH: MAY 8 1894
9. AGE last birthday 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shipping clerk
10B. KIND OF BUSINESS OR INDUSTRY: 220-10-0012 Rosenbaum Bros,
11. BIRTHPLACE (State or foreign country): CUMBERLAND MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: GEORGE W LARGENT
14. MOTHER'S MAIDEN NAME: LAURA BUCY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 220-10-0012
17. INFORMANT & ADDRESS: Memorial Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

155X
IMMEDIATE CAUSE (A) Carcinomatosis, generalized, abdominal — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Primary Carcinoma of Liver — 3 mo
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Coronary Sclerosis

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 Dec, 19 54, to 8 March 19 55 that I last saw the deceased alive on 8 March, 19 55, and that death occurred at 2:35 PM, from the causes and on the date stated above.

SIGNATURE Paul E Glassman M.D. ADDRESS Cumberland Md DATE SIGNED 3/9/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 3/11/55
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR: March 10, 1955
REGISTRAR'S SIGNATURE: Walter R. Beatty, M.D.
24. FUNERAL DIRECTOR ADDRESS: John J. Hafer, Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

Odell Vaughan
352 Rutland

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02175

2175 **CERTIFICATE OF DEATH**

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 02 Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 62 Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lonaconing
STREET ADDRESS (If rural give location) St. Marys Terrace

3. NAME OF DECEASED: (Type or Print) (First) Daniel (Middle) Young (Last) Lashbaugh

4. DATE OF DEATH (Month) March, (Day) 31 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Nov, 13 1902
9. AGE last birthday 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor
10B. KIND OF BUSINESS OR INDUSTRY: W.Va. Pulp & paper Co.
11. BIRTHPLACE (State or foreign country): Lonaconing MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Lashbaugh
14. MOTHER'S MAIDEN NAME: Marion Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 166-09-4190
17. INFORMANT & ADDRESS: Mr. Alex Lashbaugh, (BROTHER) Lonaconing, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 IMMEDIATE CAUSE	(A) Pulmonary Edema.	2d.
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Congestive Heart Failure	6-7 wks.
	DUE TO	
	(C) Coronary Heart Disease	2 Yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Bronchial Asthma.	4-5 Yrs.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from Sept, 1953 to Mar 31, 1955, that I last saw the deceased alive on 31 Mar, 1955, and that death occurred at 4 A M, from the causes and on the date stated above.
SIGNATURE George Richardson M.D. ADDRESS Lonaconing Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF April, 3. 1955
NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery.
LOCATION (City, town, or county) Moscow, MD. (State)

DATE REC'D BY LOCAL REGISTRAR April 1, 1955
REGISTRAR'S SIGNATURE Walter R. Frantz, M.D.
24. FUNERAL DIRECTOR George Eichhorn, ADDRESS Lonaconing, MD

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Within corporate limits

W. F. WILLIAMS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02176

2176

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 02 CUMBERLAND
LENGTH OF STAY (in this place) 61 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 60 MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND, MARYLAND 02 1
STREET ADDRESS (If rural give location) 417½ Washington St.

3. NAME OF DECEASED: (Type or Print) (First) EUGENIA (Middle) S. (Last) LITTLE

4. DATE OF DEATH: (Month) MARCH (Day) 28 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW

8. DATE OF BIRTH: FEB. 20, 1871

9. AGE last birthday 84 yrs. IF UNDER 1 YEAR Months 2 Days — IF UNDER 24 HRS. Hours — Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): MISSOURI

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: DWIGHT SMITH

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0
IMMEDIATE CAUSE (A) Arteriosclerotic Heart Dis.
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C) Senile Arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Infirmities of Age

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION 0

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-21-, 1951, to 3-28-, 1955, that I last saw the deceased alive on 3-28-, 1955, and that death occurred at 4:03 P.M. from the causes and on the date stated above.

SIGNATURE Wm. F. Williams M.D. ADDRESS Cumberland DATE SIGNED 3-28-55 Md

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 3/30/55 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) (State) Cumberland Md.

DATE REC'D BY LOCAL REGISTRAR March 30, 1955 — REGISTRAR'S SIGNATURE Winter K. Lantz M.D.

24. FUNERAL DIRECTOR Louis Steen Inc ADDRESS Cumberland, Md.

M

I

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

Outside of City Limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02177

2230 CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) (Rural) Cumberland
LENGTH OF STAY (In this place) 40 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route # 1, Cash Valley Cumberland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) (Rural) Cumberland
STREET ADDRESS (If rural give location) Route # 1, Cash Valley Road

3. NAME OF DECEASED: (First) Margaret (Middle) (Last) Lucas
4. DATE OF DEATH: (Month) March (Day) 8 (Year) 1955
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: June 16 1876
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Keystone Penna
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: George Walker
14. MOTHER'S MAIDEN NAME: Jane Purdy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mrs. Ada Hughes, Rtl, Cumberland Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) DUE TO cachexia — INTERVAL BETWEEN ONSET AND DEATH: 5 yr.
ANTECEDENT CAUSE (S): coronary heart disease
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO because of arteriosclerosis
(C) hypertension, severe

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. cholelithiasis

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1947 19 , to March 8, 19 55, that I last saw the deceased alive on 3/7, 19 55, and that death occurred at 11 AM, from the causes and on the date stated above.
SIGNATURE M. D. Elizabeth Prouse
ADDRESS 55 Greene St.
DATE SIGNED March 8, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Mar 11 1955
NAME OF CEMETERY OR CREMATORY: Frostburg Memorial Park
LOCATION (City, town, or county) (State): Frostburg, Md.

DATE RECD BY LOCAL REGISTRAR: March 10, 1955
REGISTRAR'S SIGNATURE: Walter R. Frantz, M.D.
24. FUNERAL DIRECTOR: William H. Kight
ADDRESS: Cumberland Md.

Within corporate limits

2177

02178

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 77 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE W.Va. COUNTY Mineral
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Ridgely
STREET ADDRESS (If rural, give location) 45 Knobley St.

3. NAME OF DECEASED: (Type or Print) (First) Nettie (Middle) Amanda (Last) Magruder

4. DATE OF DEATH (Month) March (Day) 13 (Year) 19 55

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow

8. DATE OF BIRTH: Oct. 9-1869

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin R. Valentine

14. MOTHER'S MAIDEN NAME: Hannah Hildebrant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Memorial Hospital records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Asthenia — Interval between onset and death: gradual

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arteriosclerotic cardio vascular disease. — several yrs duration.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fracture at neck of right femur. — 77 days.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐* CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Home

21c. (City or town) Ridgely (County) Mineral (State) W.Va.

21d. TIME (Month) (Day) (Year) OF INJURY Dec. 26/54 (Hour) 9:30 A. M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐*

21f. HOW DID INJURY OCCUR? Walking across bedroom floor, leg twisted, fell to floor.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.v.Deming M.D. H. V. Deming M.D. M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒*

DATE SIGNED March 13-1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 3-15-55

NAME OF CEMETERY OR CREMATORY Rose Hill Cem.

LOCATION (City, town, or county) (State) Cumberland, Md

DATE REC'D BY LOCAL REG. March 14, 1955

REGISTRAR'S SIGNATURE Walter R. Bantz, M.D.

24. FUNERAL DIRECTOR Chas. L. George - Cumb., Md.

ADDRESS

VS. A15A - 5 - 53

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2178

02179

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 02 Cumberland

LENGTH OF STAY (in this place): lifetime

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 01 506 Sheridan Place

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland COUNTY: Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland, Md. 02

STREET ADDRESS (If rural, give location): 2 Maple St. 1

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Frank	Geo.	Matt	3- 28- 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE isst birthdsy:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	June I6, I875	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Labor Street Dept. Retired	City of Cumberland	Cumberland, Md.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George G. Matt	Caroline Zapp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
4 No	None	Mrs. Joseph Leasure 506 Sheridan Pl.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
422.1 Immediate cause	(a) Congestive Failure	15 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerotic Cardio-Vascular Disease - Myocarditis - Syph. DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
0		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from March, 1955, to ....., 19....., that I last saw the deceased alive on March 27, 1955, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

J. Clinton Hemmeter M.D. 133 Virginia Ave, Cumberland, Md. 3/28/55

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3- 30- 55	St. Mary's Cem.	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
March 29, 1955	Walter K. Brantz, M.D.	James F. Scarpelli Cumberland, Md.

VS. A15 8-51

Outside of City Limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02180

2231

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Near Cumberaldd
LENGTH OF STAY (in this place) 50 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Baltimore Pike, R.F.D. 2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Near Cumberland X
STREET ADDRESS (If rural give location) Baltimore Pike, R.F.D. 2

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Orville (Last) Mc Elfish

4. DATE OF DEATH: (Month) March (Day) 1, (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: June 7, 1875

9. AGE last birthday 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Salesman

10B. KIND OF BUSINESS OR INDUSTRY: Hillcrest Burial Park

11. BIRTHPLACE (State or foreign country): Murley's Branch, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Luther Mc Elfish

14. MOTHER'S MAIDEN NAME: Elizabeth Hinkle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-05-7063

17. INFORMANT & ADDRESS: William Jr. Baltimore, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 4221 (A) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 1½ yrs

ANTECEDENT CAUSE (S) DUE TO (B) Arteriosclerosis — 2 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 19 55, to Mar 1, 19 55, that I last saw the deceased alive on 2/26, 19 55, and that death occurred at 7:30 P M, from the causes and on the date stated above.

SIGNATURE R. W. Trovastis, Jr. M. D. ADDRESS Cumberland DATE SIGNED 3/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF March 4, 55 — NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park — LOCATION (City, town, or county) (State) Cumberland, Md.

DATE RECD BY LOCAL REGISTRAR March 4, 1955 — REGISTRAR'S SIGNATURE Walter L. Frank, M.D.

24. FUNERAL DIRECTOR ADDRESS John J. Hafer, Cumberland, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02181

2232 CERTIFICATE OF DEATH Reg. Dist. No. 9

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X RFD-1, Frostburg
LENGTH OF STAY (in this place) 18 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RFD-1, Frostburg
STREET ADDRESS (If rural give location) (Miller Mines)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) H. (Last) McFarland

4. DATE OF DEATH: (Month) 3 (Day) - 23rd, (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Jan. 11th, 1880

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10B. KIND OF BUSINESS OR INDUSTRY: Carpenter

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John McFarland

14. MOTHER'S MAIDEN NAME: Elizabeth Loar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 3 no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-01-9633

17. INFORMANT & ADDRESS: Mrs. Anna McFarland, RFD-1, Frostburg

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

IMMEDIATE CAUSE (A) Hypertensive Cardio -

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Vascular disease DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 3yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senility

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1953 to 3-23, 1955 that I last saw the deceased alive on 3-23, 1955, and that death occurred at 1 P. M. from the causes and on the date stated above.

SIGNATURE A. C. Diehl M. D. ADDRESS Frostburg, Md DATE SIGNED 3/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 3-26-1955

NAME OF CEMETERY OR CREMATORY Eckhart Cemetery

LOCATION (City, town, or county) Eckhart, (State) Md.

DATE REC'D BY LOCAL REGISTRAR 3-26-55

REGISTRAR'S SIGNATURE Mrs. Nancy N. Roe

24. FUNERAL DIRECTOR Joseph R. Durst ADDRESS Frostburg, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2215 02182

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dead on arrival at the Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Garrett
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rural) Guntertown
STREET ADDRESS (If rural, give location) Star Route #24 Frostburg

3. NAME OF DECEASED: (Type or Print) (First) Ronald (Middle) (Last) Mc Kenzie

4. DATE OF DEATH (Month) March (Day) 7 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	single	Oct. 29-1944	10 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student		Guntertown, Md.	U.S.A.

13. FATHER'S NAME: Lawrence McKenzie

14. MOTHER'S MAIDEN NAME: Hazel Gomer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	none	Frostburg, Md. (father) Lawrence McKenzie, Star Route 24

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (812X)	(a) Intracranial hemorrhage	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Basil fracture of the skull	
DUE TO		
	(c) Hit by an automobile.	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDING OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
0		

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. (City or town) (County) (State)
	Highway 40	near-Guntertown, Garrett Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
March 7/55 A. M.		Crossing highway, from N to S, hit by auto going west.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H. V. Deming M.D. H. V. Deming M. D. M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED March 7-1955

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-10-1955	Mt. Zion Cemetery	Garrett County Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-10-55	Mrs. Nancy N. Roe	Jacob Hafer,	Frostburg, Md.

Within corporate limits

2179

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02183

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 02 Cumberland
LENGTH OF STAY (in this place) 65yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 28 Green St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, Md. 02
STREET ADDRESS (If rural give location) 28 Green St. 1

3. NAME OF DECEASED: (Type or Print) (First) Eugene (Middle) A. (Last) McKinney

4. DATE OF DEATH: (Month) (Day) (Year) March 16, 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: March 5, 1889

9. AGE last birthday 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist Helper

10B. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Brunswick, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Geo. W. McKinney

14. MOTHER'S MAIDEN NAME: Inez Fisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 3 No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 705-12-7722

17. INFORMANT & ADDRESS: Mrs. Agnes B. McKinney 28 Green St.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 IMMEDIATE CAUSE (A) Coronary Occlusion — 15 minutes

ANTECEDENT CAUSE (S) DUE TO (B) Hypertensive Heart disease — 6 months

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1954 to March 16, 1955, that I last saw the deceased alive on March 10, 1955, and that death occurred at 6:16 A M, from the causes and on the date stated above.

SIGNATURE Allan G. Murray M. D. ADDRESS Cumberland Md DATE SIGNED March 17-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 3-18-55 — NAME OF CEMETERY OR CREMATORY Davis Memorial Cem. — LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR March 17, 1955 — REGISTRAR'S SIGNATURE Winter R. Lantz, M.D.

24. FUNERAL DIRECTOR ADDRESS James F. Scarpelli Cumberland, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Wash. supports [illegible]

2180

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02184

DR. HIMMELWRIGHT

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 2 DAYS
02
HOSPITAL OR INSTITUTION OR STREET ADDRESS 60 MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND 02
STREET ADDRESS (If rural give location) 717 GLENMORE STREET 1

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) HENRY (Last) MILLER

4. DATE OF DEATH: (Month) MARCH (Day) 24, (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOWED
8. DATE OF BIRTH: SEPTEMBER 18, 1878
9. AGE last birthday 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Also if retired) Retired Hotel Owner
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HENRY MILLER
14. MOTHER'S MAIDEN NAME: ~~ELIZABETH~~ Ellen Trautman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL - CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X
IMMEDIATE CAUSE (A) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: Hours
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Hypertensive Cardio-vascular Disease & Congestive Heart Failure
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1955, to March 4, 1955, that I last saw the deceased alive on March 24, 1955, and that death occurred at 4:40A M, from the causes and on the date stated above.

SIGNATURE J. Himmelwright M.D. ADDRESS 133 Virginia Ave, Cumberland, Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Mar. 26, 1955
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Cumberland, Md

DATE REC'D BY LOCAL REGISTRAR March 26, 1955
REGISTRAR'S SIGNATURE Walter L. Frantz, M.D.
24. FUNERAL DIRECTOR John J. Hafer ADDRESS Cumberland, Maryland.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

2233

02185

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 8

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Lonaconing
LENGTH OF STAY (in this place) 48 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS In ambulance near Lonaconing, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Lonaconing
STREET ADDRESS (If rural, give location) Waterstation Run.

3. NAME OF DECEASED: (First) Lawrence (Middle) Winfield (Last) Miller
4. DATE OF DEATH (Month) March (Day) 21 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	white	married	April 26-1906	48 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Textile operator-Celanese	Lonaconing, Md.	U.S.A.

13. FATHER'S NAME: Louis Jacob Miller
14. MOTHER'S MAIDEN NAME: Margaret Lochner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	214-07-4008	Wife) Marabel Green Miller, Lonaconing, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Intrathoracic hemorrhage	about 1/2 Hour.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) a crushed chest.	
	DUE TO (c) Tractor accident	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒
0		

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☒ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Farm	21c. (City or town) near-Lonaconing (County) Allegany	(State) Md.
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY About (Year) March 21 P. M.	21e. INJURY OCCURRED While at work ☒ Not while at work ☐ 0	21f. HOW DID INJURY OCCUR? driving tractor uphil, front end upended & fell backward	

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V. Deming M.D. H.V. Deming M.D. M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED March 21-1955

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 24 1955	Oak Hill Cemetery	Lonaconing MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
3-24-55	Jeannette M Beal	George Eichhorn, Lonaconing, MD.

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02186

2181

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 02 Cumberland
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 62 Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland 02
STREET ADDRESS (If rural give location) 419 Pine Place. 1

3. NAME OF DECEASED: (Type or Print) (First) Michael (Middle) Timothy (Last) Miller

4. DATE OF DEATH: (Month) March (Day) 31, (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 3/20/55

9. AGE last birthday yrs. IF UNDER 1 YEAR Months 11 Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland, Cumberland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis W. Miller--

14. MOTHER'S MAIDEN NAME: Hilda Rice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4-F (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Patient's Chart

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

754.4
IMMEDIATE CAUSE (A) Congenital malformation of the
ANTECEDENT CAUSE (S) DUE TO heart (Trilocular heart?)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/27, 1955 to 3/31, 1955, that I last saw the deceased alive on 3/31, 1955, and that death occurred at 9:45 P.M. from the causes and on the date stated above.

SIGNATURE Elizabeth Bruno M. D. ADDRESS 55 Green St. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 4/2/55 | NAME OF CEMETERY OR CREMATORY Resurrection Cemetery | LOCATION (City, town, or county) (State) Cumberland Maryland

DATE REC'D BY LOCAL REGISTRAR April 2, 1955 | REGISTRAR'S SIGNATURE Walter L. Hauptz, M.D. | 24. FUNERAL DIRECTOR Louis Stein Inc | ADDRESS Cumberland

2035346396

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02187

2182

CERTIFICATE OF DEATH

Reg. Dist. No. 7

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 02 Cumberland
LENGTH OF STAY (in this place) 7/20/54
HOSPITAL OR INSTITUTION OR STREET ADDRESS 91 Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lonaconing, X
STREET ADDRESS (If rural give location) Big Vein Hill 1

3. NAME OF DECEASED: (Type or Print) (First) Gora (Middle) Ellsworth (Last) Mills

4. DATE OF DEATH: (Month) March (Day) 3, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widower

8. DATE OF BIRTH: 12/20/1873

9. AGE last birthday 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired -

10B. KIND OF BUSINESS OR INDUSTRY: Coal Miner

11. BIRTHPLACE (State or foreign country): Midland, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joseph Henry Mills

14. MOTHER'S MAIDEN NAME: Catherine Dean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Pulmonary Hypostasis	3 days.
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (460.X)	DUE TO (B) Chronic Hypertrophy ?	
	DUE TO (C) General Arteriosclerosis ?	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus ?

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1954, to Mar. 3, 1955, that I last saw the deceased alive on Mar. 3, 1955, and that death occurred at 8:20 P.M., from the causes and on the date stated above.

SIGNATURE James B. McLean M.D. ADDRESS 49 Frecce St. DATE SIGNED 3-4-55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 3/7/1955

NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery

LOCATION (City, town, or county) (State) Lonaconing, md

DATE FILED BY LOCAL REGISTRAR March 5, 1955

REGISTRAR'S SIGNATURE Wm. R. Trautz, M.D.

24. FUNERAL DIRECTOR George Eichhorn

ADDRESS Lonaconing, md

2234

02188

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

Item 14. Film 180 4-Frame

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN (Rural) Corrigansville
LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS In back yard at home.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN (Rural) Corrigansville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Howard (Middle) Austin (Last) Minnick

4. DATE OF DEATH (Month) March (Day) 24 (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: April 26-1885

9. AGE Last birthday: 69 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired driller

10b. KIND OF BUSINESS OR INDUSTRY: Stone Quarry

11. BIRTHPLACE (State or foreign country): Everett, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Minnick

14. MOTHER'S MAIDEN NAME: Caroline Hann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 208-10-3505

17. INFORMANT & ADDRESS: (wife) Martha Rebecca Minnick, Corrigansville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 9140

Immediate cause (a) Electrocution — Interval between Onset and Death: sudden

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Antenna came in contact with high tention line.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☒ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OR street, office bldg., etc.) Back yard at home.

21c. (City or town) (near) Corrigansville (County) Allegany (State) Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 3-24/55- A. M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Removing aerial, antenna came in contact with high Volt. line

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V. Deming M.D. H.V. Deming M.D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒ M. D.

DATE SIGNED 3-24/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF March 27 1955

NAME OF CEMETERY OR CREMATORY Hyndman Cemetery

LOCATION (City, town, or county) Hyndman (State) Pa.

DATE REC'D BY LOCAL REG. 3/26/1955

REGISTRAR'S SIGNATURE Veronica McDermitt

24. FUNERAL DIRECTOR Harvey A. Siegler

ADDRESS Hyndman, Pa.

B

VS. A15A - 5 - 53

Outside of City Limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02189

2235 CERTIFICATE OF DEATH Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Near Cumberland, rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 387 McMullen Hwy. R.F.D. #6.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Near Cumberland, rural
STREET ADDRESS (If rural give location) 387 McMullen Hwy., R.F.D. #6

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) WILLIAM (Last) MOORE

4. DATE OF DEATH: (Month) March (Day) 16, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: April 9, 1885

9. AGE last birthday 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipefitter

10B. KIND OF BUSINESS OR INDUSTRY: Celanese Corp.

11. BIRTHPLACE (State or foreign country): Barton, Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Robert W. Moore

14. MOTHER'S MAIDEN NAME: Margaret Gattens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No, (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 217-10-6066

17. INFORMANT & ADDRESS: Mrs. May V. Moore Rt. # 6 Cumberland, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

525.7 IMMEDIATE CAUSE (A) Heart failure (Cor pulmonale) — INTERVAL BETWEEN ONSET AND DEATH: 5 mos

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Pulmonary fibrosis, etiology undetermined — 7 years

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 Oct, 1954, to 16 March, 1955, that I last saw the deceased alive on 16 March, 1955, and that death occurred at 2:00 P M, from the causes and on the date stated above.

SIGNATURE Roger G. Bacon — ADDRESS M.D. 62 Greene St. Cumberland, Md. — DATE SIGNED 3-18-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 3/19/55 — NAME OF CEMETERY OR CREMATORY Philos Cem. — LOCATION (City, town, or county) (State) Westernport, Md.

DATE REC'D BY LOCAL REGISTRAR March 19, 1955 — REGISTRAR'S SIGNATURE Walter R. Frantz, M.D.

24. FUNERAL DIRECTOR H. Wayne George — ADDRESS Cumberland, Md.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02190

2183 CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 02 Cumberland
LENGTH OF STAY (in this place) 3yr.2mo.20days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1X Sylvan Retreat

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Barton
STREET ADDRESS (If rural give location) X 1

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) (Last) Mowbray

4. DATE OF DEATH: (Month) March (Day) 21 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Nov. 26, 1873
9. AGE last birthday 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Paper Mill
11. BIRTHPLACE (State or foreign country): Barton, Md
12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Thomas Mowbray
14. MOTHER'S MAIDEN NAME: Jane Emerson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) 3 No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 212-24-1415
17. INFORMANT & ADDRESS: Merle Mowbray, Detroit, Mich

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 IMMEDIATE CAUSE (A) Pulmonary Hypostasis — INTERVAL BETWEEN ONSET AND DEATH 4 days.

ANTECEDENT CAUSE (S) DUE TO (B) Chronic Myocarditis — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Cerebral Arteriosclerosis — ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senile psychosis — 3 years.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1952 to Mar. 21, 1955, that I last saw the deceased alive on Mar 20, 1955, and that death occurred at 6.10A M, from the causes and on the date stated above.

SIGNATURE James E. McLean M.D. ADDRESS 49 Greene St. DATE SIGNED 3-21-55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 3-23-55 | NAME OF CEMETERY OR CREMATORY Laurel Hill Cem. | LOCATION (City, town, or county) (State) Maxwell, Md

DATE REC'D BY LOCAL REGISTRAR March 23, 1955 | REGISTRAR'S SIGNATURE Winter L. Frantz, M.D. | 24. FUNERAL DIRECTOR E. S. Boal | ADDRESS Frostburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DR. VAN ORMER 2184

CERTIFICATE OF DEATH

02191 Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 02 CUMBERLAND
LENGTH OF STAY (in this place) 1 DAY
HOSPITAL OR INSTITUTION OR STREET ADDRESS 60 MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE W.VA. COUNTY Morgan
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GREAT CACAPON 85X-3
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) LIONEL (Middle) (Last) MUNSON
4. DATE OF DEATH (Month) MARCH (Day) 2, (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	MARRIED	NOVEMBER 28 1895	59 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Parts Packer	FAIRCHILD AIRCRAFT	GREAT CACAPON, W.VA.	U.S.A.

13. FATHER'S NAME: LEWIS M. MUNSON
14. MOTHER'S MAIDEN NAME: MARY WHISNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes	War I	232-26-5615	MEMORIAL HOSPITAL - CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
331X IMMEDIATE CAUSE	(A)	Cerebral Hemorrhage	1 & hours
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (260X)	DUE TO (B)	Generalized arteriosclerosis	?
	DUE TO (C)	Hypertensive vascular disease	?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		Diabetes mellitus	2 years

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑
0		

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 yr., 1954, to 2 mo., 1955, that I last saw the deceased alive on 1 mo., 1955, and that death occurred at 5:44A M, from the causes and on the date stated above.

SIGNATURE W. A. Van Ormer M.D. ADDRESS Cumberland, Md. DATE SIGNED 2 Mar. 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-4-1955	Greenway Cem.	Berkley Springs, W. Va.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 2, 1955	Walter R. Fauntz M.D.	Charles L. George	Cumberland, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

Within corporate limits

2185

02192
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): 02 Cumberland
LENGTH OF STAY (In this place): 30 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 99 Dead on arrival at the Sacred Heart Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: W.Va. COUNTY: Mineral
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Rural) Ridgely (Md.Junction)
STREET ADDRESS (If rural, give location): R.F.D. #1 85x-3

3. NAME OF DECEASED: (Type or Print) (First) Alonzo (Middle) Lee (Last) Murrell

4. DATE OF DEATH: (Month) March (Day) 18 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	June 20-1894	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Pipe Fitter	W.Md.R.Ry.	Wilmington N.C.	U.S.A.

13. FATHER'S NAME: John Paul Murrell

14. MOTHER'S MAIDEN NAME: Julia Ann Mephin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
yes W.W.I	705-10-4957	(wife) Emma Murrell, Ridgely, W.Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	420.1	(a) Coronary occlusion	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO	(b) Coronary sclerosis.	?
	DUE TO	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
0		Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: H.V.Deming M.D. H.V. Deming M.D. M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED: March 18-1955

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar 21 53	Oakdale Cemetery	Wilmington North Carolina

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 19, 1955	Walter L. Rauch, M.D.	William H Right	Cumberland Md

Right

Within corporate limits

DR. MOSLEY 2186

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02193

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 02 CUMBERLAND
LENGTH OF STAY (in this place) 10 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 60 MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CORRIGANSVILLE, MD.
STREET ADDRESS (If rural give location) NONE

3. NAME OF DECEASED: (Type or Print) (First) OWEN (Middle) D. (Last) MYERS

4. DATE OF DEATH: (Month) 3 (Day) 13 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): SINGLE
8. DATE OF BIRTH: OCT 20, 1880
9. AGE last birthday 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): BARTON, MD.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Albert L. Myers
14. MOTHER'S MAIDEN NAME: Isabel Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Myocarditis - Mitral Stenosis	at least 6 to 8 mo -
ANTECEDENT CAUSE (S): DUE TO (B)	Pulmonary Edema -	2 weeks -
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)	Chronic Nephritis -	?

410X

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic Bronchial Asthma ?

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/25, 1955, to 3-13, 1955, that I last saw the deceased alive on 3-13, 1955, and that death occurred at 3 P.M., from the causes and on the date stated above.
SIGNATURE, M.D. William E. Mosley ADDRESS Mt Savage Md. DATE SIGNED 3-14-1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF March 16, 1955
NAME OF CEMETERY OR CREMATORY Mt. Savage Methodist
LOCATION (City, town, or county) Mt. Savage, Maryland (State)
DATE RECD BY LOCAL REGISTRAR March 15, 1955
REGISTRAR'S SIGNATURE Wintes R. Frantz M.D.
24. FUNERAL DIRECTOR J. K. Durst, Frostburg,
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

Within corporate limits

2187 02194

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 02 Cumberland
LENGTH OF STAY (in this place) 52 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 03 321 Broadway

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland 02
STREET ADDRESS (If rural give location) 321 Broadway 1

3. NAME OF DECEASED: (Type or Print) (First) HARLAN (Middle) BENJAMIN (Last) NORRIS

4. DATE OF DEATH: (Month) March (Day) 29 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: December 6, 1902
9. AGE last birthday: 52 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Glazier
10B. KIND OF BUSINESS OR INDUSTRY: Celanese Corp.
11. BIRTHPLACE (State or foreign country): Cumberland, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James B. Norris
14. MOTHER'S MAIDEN NAME: Bertha Hahne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 3 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-07-4827
17. INFORMANT & ADDRESS: Mrs. H.B. Norris, Cumberland, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Thrombosis — 3 minutes
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Had Precordial Myocardial Infarct — 1 month
DUE TO (C) Coronary Arteriosclerosis — 2 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR? 3/29/55

22. I hereby certify that I attended the deceased from 11/16/53, 19 , to 3/29/55, that I last saw the deceased alive on 3/26/55, 19 , and that death occurred at 6 K/R M, from the causes and on the date stated above.

SIGNATURE [signature] M.D. ADDRESS Cumberland DATE SIGNED 3/30/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF March 31, 1955
NAME OF CEMETERY OR CREMATORY Hilldrest Burial Park
LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR March 30, 1955
REGISTRAR'S SIGNATURE Vinton R. Lantz, M.D.

24. FUNERAL DIRECTOR ADDRESS John J. Hafer, Cumberland, Md.

Within corporate limits

2188

02195

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Dead on arrival at the Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 815 Manns Terrace

3. NAME OF DECEASED: (First) Benjamin (Middle) Andrew (Last) Ort

4. DATE OF DEATH: (Month) March (Day) 11 (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Sept 12-1908

9. AGE last birthday: 46 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Machinist - Fairchild Aircraft Corp.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Borden Shaft, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William B. Ort

14. MOTHER'S MAIDEN NAME: Bertha M. Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): yes
(If Yes, give war or dates of service): W.W.2

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: (wife) Cora Robertson Ort. Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — Interval between onset and death: sudden

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Coronary sclerosis — 6 months.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: H.V. Deming M.D. H.V. Deming M.D. M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED: March 11-1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Nov. 14 55

NAME OF CEMETERY OR CREMATORY: Frostburg Memo. Pk.

LOCATION (City, town, or county) (State): Frostburg Md.

DATE REC'D BY LOCAL REG.: March 12, 1955

REGISTRAR'S SIGNATURE: Walter K. Frantz, M.D.

24. FUNERAL DIRECTOR: Lamm Stein Inc

ADDRESS: Cumberland, Md.

/ DR. BRINSFIELD

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02196

2189

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND 02
LENGTH OF STAY (in this place) 13 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL & WARWICK AVES., 60

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND 02
STREET ADDRESS (If rural give location) APT. 17-F, JANE FRAZIER VILLAGE

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) G. (Last) POWELL

4. DATE OF DEATH: (Month) MARCH (Day) 8 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: MAY 11, 1894

9. AGE last birthday 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver

10B. KIND OF BUSINESS OR INDUSTRY: Lumber Co.

11. BIRTHPLACE (State or foreign country): Okonoko, W. Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WALTER J. POWELL

14. MOTHER'S MAIDEN NAME: MARY E. ALLANDER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 3 No

16. SOCIAL SECURITY NO. 220-07-6499

17. INFORMANT & ADDRESS: Mrs. Maggie Powell, Jane Frazier Village

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X IMMEDIATE CAUSE (A) Malnutrition and obstruction — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSE (B) DUE TO Carcinoma, Intestinal tract — 5 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Anemia

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION: Carcinoma, Intestinal tract - Several side tracking operations

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar, 1954, to Mar, 1955, that I last saw the deceased alive on 8 Mar, 1955, and that death occurred at 1:35 PM, from the causes and on the date stated above.

SIGNATURE Carter Brinsfield M.D. ADDRESS 5 Washington St Cumberland DATE SIGNED 8 Mar 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 3/11/55 | NAME OF CEMETERY OR CREMATORY Ginevan Cemetery | LOCATION (City, town, or county) (State) near Okonoko, W. Va.

DATE REC'D BY LOCAL REGISTRAR March 10, 1955 | REGISTRAR'S SIGNATURE Hunter L. Trautz, M.D.

24. FUNERAL DIRECTOR John T. Hafer, Cumberland, Md. ADDRESS

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

Within corporate limits

2190

02197

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY Allegany — STATE MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (in this place) 6 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. — COUNTY Prince George

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville 16-15-2

STREET ADDRESS (If rural, give location) 5706 -16th.St.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Gladys	Olive	Rank	March 3 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	widow	Dec.19-1897	57 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Down twist operator	Celanese Corp.	Gormania, W.Va.	U.S.A.

13. FATHER'S NAME: Lately nurses aide @ Garfield hosp. Washington, D.C. — Charles F.Decker

14. MOTHER'S MAIDEN NAME: Rose Margaret Stover

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	214-07-5677	(daughter)Mrs.Miriam Jackson, Hyattsville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
932.8 Immediate cause	(a) Cerebral Ischemia (Anoxia)	6 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Exposure to cold.	
	DUE TO (c) Purulent bronchitis also other findings- Frost bites of buttocks, back & both heels.	6 days.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐
2		

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY	21c. (City or town) (County) 01 (State)
	R&O.R.Ry tracks	Cumberland Allegany Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☒ 1	21f. HOW DID INJURY OCCUR?
Feb.25/55 A. M.		Exposure to cold, lying near B&O.R.Ry.tracks in the Narrows

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒ Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V.Deming M.D. H.V.Deming M.D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ M. D.

DATE SIGNED March.3-1955

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 6, 1955	St. Lukes Cemetery	Cumberland, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 4, 1955	Minter K. Fauntz, M.D.	William A. Light, "	"

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02198

Rank, Jr. 2191 CERTIFICATE OF DEATH Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place) 75 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 426 Furnace St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
STREET ADDRESS (If rural give location) 426 Furnace St.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) (Last) Rank

4. DATE OF DEATH: (Month) March (Day) 14 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single | 8. DATE OF BIRTH: Oct 20 1879 | 9. AGE last birthday 75 yrs. | IF UNDER 1 YEAR Months — Days — | IF UNDER 24 HRS. Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Glass worker | 10B. KIND OF BUSINESS OR INDUSTRY: Glass Factory | 11. BIRTHPLACE (State or foreign country): Cumberland Md | 12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John M. Rank | 14. MOTHER'S MAIDEN NAME: Elizabeth Howell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 212-24-100 | 17. INFORMANT & ADDRESS: Mrs Anna Kirby Cumberland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 IMMEDIATE CAUSE (A) Coronary Heart Disease — 8 mos

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from 9-8, 1954, to 3-14, 1955, that I last saw the deceased alive on 3-14, 1955, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE Ralph W. Bucci M. D. ADDRESS 62 Greene St Cumberland Md DATE SIGNED 3-15-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 3/17/55 | NAME OF CEMETERY OR CREMATORY St Johns Cem | LOCATION (City, town, or county) Cumberland (State) Md

DATE REC'D BY LOCAL REGISTRAR April 17, 1955 | REGISTRAR'S SIGNATURE Walter R. Rantz, M.D. | 24 FUNERAL DIRECTOR Louis Stein Inc | ADDRESS 11 4

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02199

2216 CERTIFICATE OF DEATH Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Allegany MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Westernport, | LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Cemetery Road.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Allegany.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport,

STREET ADDRESS (If rural, give location) Cemetery Road.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Helen	Virginia	Reed.	March 3, 1955. 19

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	June 4, 1919.	35 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
School Teacher.	Maryland Bd. of Education	Westernport, Maryland.	USA.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Smith R. Whitworth.	Nettie Wright.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Mrs. Smith R. Whitworth. Westernport, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

153X

Immediate cause (a) Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Adeno-carcinoma of large bowel — 2 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
1 October 1954	Adenocarcinoma large bowel	Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1955, to March 3, 1955, that I last saw the deceased alive on March 3, 1955, and that death occurred at 3:00 P.M., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
James H Webster Jr	MD	Piedmont W. Va	3-5-55

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 6, 1955.	Philos Cemetery,	Westernport, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-6-55	Mrs Jean C. Kelly	W.H. Bedlock Jr	Piedmont, W.Va.

Outside of City Limits

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02200

2236

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural near Cumberland
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS North Branch

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Near Cumberland, rural
STREET ADDRESS (If rural give location) North Branch, R.F.D. #4

3. NAME OF DECEASED: (Type or Print) (First) LAVINIA (Middle) ELIZABETH (Last) REID

4. DATE OF DEATH: (Month) March (Day) 20 (Year) 1955

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: December 2, 1866
9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Louden Co., Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Rench
14. MOTHER'S MAIDEN NAME: Charlotte Bartlett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Ernest Reid, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

422.2

Immediate cause (a) Chronic Myocarditis — Not known

Antecedent causes(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Ravages of age and

DUE TO (c) senility

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/17/55, 19...., to 3/20/50, 19...., that I last saw the deceased alive on 3/19/55, 19...., and that death occurred at 9 am, from the causes and on the date stated above.

SIGNATURE R. J. Williams M.D. (Degree or title) ADDRESS Med Bldg Cumb Md DATE SIGNED 3/22/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/22/55
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Cumberland, Maryland

DATE REC'D BY LOCAL REGISTRAR March 22, 1955
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR ADDRESS John J. Hafer, Cumberland, Md.

I

VS. A15

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02201

2192

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 62 Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport, Md.
STREET ADDRESS (If rural give location) 43 1

3. NAME OF DECEASED: (Type or Print) (First) Antonnio (Middle) (Last) Scarpati

4. DATE OF DEATH: (Month) (Day) (Year) 3/21/55 19

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec. 3, 1876

9. AGE last birthday 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Never if retired): Monsignor Priest

10B. KIND OF BUSINESS OR INDUSTRY: Catholic Church

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Chart

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

446 X
IMMEDIATE CAUSE (A) Uremia
DUE TO
ANTECEDENT CAUSE (B) Nephrosclerosis
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/14, 1955, to 3/21, 1955, that I last saw the deceased alive on 3/20, 1955, and that death occurred at 7:05 AM, from the causes and on the date stated above.

SIGNATURE Leo N. Levy Jr. M.D. ADDRESS 45 N. Centre St. DATE SIGNED 3/21/55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF March 24, 1955 NAME OF CEMETERY OR CREMATORY St. Peters Cemetery LOCATION (City, town, or county) (State) Westernport, Maryland

DATE REC'D BY LOCAL REGISTRAR March 22, 1955 REGISTRAR'S SIGNATURE Walter L. Frantz, M.D. 24. FUNERAL DIRECTOR Fredlock Funeral Home ADDRESS Piedmont, W.Va.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Within corporate limits

DR. LEY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02202

2193

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN 02 CUMBERLAND
LENGTH OF STAY (in this place) 4 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 60 MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, Rural X
STREET ADDRESS (If rural give location) ROUTE #3 VALLEY ROAD

3. NAME OF DECEASED: (Type or Print) (First) IRA (Middle) William (Last) SMITH

4. DATE OF DEATH: (Month) MARCH (Day) 18 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED
8. DATE OF BIRTH: MAY 14, 1898
9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10B. KIND OF BUSINESS OR INDUSTRY: Celanese Corp
11. BIRTHPLACE (State or foreign country): Criders, Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: BOYD SMITH
14. MOTHER'S MAIDEN NAME: ARMANDA CRIDER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-07-6398
17. INFORMANT & ADDRESS: Memorial Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

493X
IMMEDIATE CAUSE (A) Pneumonia
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Coronary Occlusion DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February, 1955, to 3/18, 1955, that I last saw the deceased alive on 3/17, 1955, and that death occurred at 6:40A M, from the causes and on the date stated above.

SIGNATURE Leo N. Ley Jr. M.D. ADDRESS 452 N. Center St. DATE SIGNED 3/18/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 3/21/55
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Cumberland (State) Md.

DATE REC'D BY LOCAL REGISTRAR March 21, 1955
REGISTRAR'S SIGNATURE Wenter L. Hantz M.D.
24. FUNERAL DIRECTOR John J. Hafer ADDRESS Cumberland, Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

Write in corporate DR.: FAW

2194

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02203

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
   COUNTY: ALLEGANY — MARYLAND
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 02 CUMBERLAND
   LENGTH OF STAY (in this place): 24 DAYS
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: 60 MEMORIAL HOSPITAL MEMORIAL & WARWICK AVES.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: MARYLAND COUNTY: ALLEGANY
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): FROSTBURG 22
   STREET ADDRESS (If rural give location): 15 LEE STREET 1

3. NAME OF DECEASED (Type or Print): (First) EFFIE (Middle) Pearl (Last) SPITZNAS

4. DATE OF DEATH: (Month) MARCH (Day) 7 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOWED

8. DATE OF BIRTH: APRIL 28, 1891

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: VAN THORPE

14. MOTHER'S MAIDEN NAME: EMMA KOONTZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Memorial Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 540.1	(A) Duodenal ulcer with perforation	Appx 6 wks
ANTECEDENT CAUSE (S) DUE TO	(B) into pancreas and hemorrhage	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(C) Pancreatitis chronic & acute	Appx 6 weeks

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Choledolithiasis & Obstruction Pneumonia hypostatic — Appx 6 weeks.

19A. DATE OF OPERATION: Feb 20. 1955

19B. MAJOR FINDINGS OF OPERATION: Duodenal ulcer - bleeding with perforation into pancreas Stone Common bile duct

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 11, 1955 to Mar 7, 1955, that I last saw the deceased alive on Mar 7, 1955, and that death occurred at 9:05 A.M., from the causes and on the date stated above.

SIGNATURE: W M Fawdr. M.D. ADDRESS: Cumberland Md DATE SIGNED: Mar 7, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: March 9 1955 — NAME OF CEMETERY OR CREMATORY: Frostburg Memorial Park — LOCATION (City, town, or county) (State): Frostburg, Maryland

DATE REC'D BY LOCAL REGISTRAR: March 7, 1955 — REGISTRAR'S SIGNATURE: Writes R. Koontz, M.D.

24. FUNERAL DIRECTOR: J R Wurst — ADDRESS: Frostburg, "

Within corporate limits

2195

Item 18 Film G179 4-5-55 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02204

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland 02
LENGTH OF STAY (in this place) 11/28/53
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary 21

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland 02 1
STREET ADDRESS (If rural give location) 116 Decatur Street

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Frank (Last) Spooler

4. DATE OF DEATH: (Month) March (Day) 12, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 11/23/1906

9. AGE last birthday 48 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Salesman- Bakery

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Fred Spooler

14. MOTHER'S MAIDEN NAME: Catherine Volk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No 3
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-05-5081

17. INFORMANT & ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

237X

IMMEDIATE CAUSE (A) Coronary Sclerosis. — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

ANTECEDENT CAUSE (B) DUE TO Cerebral Arteriosclerosis — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Brain Tumor (excised portion showed no malignancy) — 3yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Rt Hemiplegia — 3yrs.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 28 1953 to Mar. 12 1955 that I last saw the deceased alive on Mar. 12, 1955, and that death occurred at 5:20 P.M., from the causes and on the date stated above.

SIGNATURE Jacob E. McLean M. D. ADDRESS 49 Prescott St. DATE SIGNED 3-14-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 3/15/55 — NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery — LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR March 14, 1955 — REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR H. Lee Silcox — ADDRESS Cumberland, Md.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02205

2196

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 02 Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 62 Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland 02
STREET ADDRESS (If rural give location) 313 Schley St. 1

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Fidella (Last) Steiner

4. DATE OF DEATH: (Month) March (Day) 24, (Year) 19 55

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct. 7, 1899
9. AGE last birthday 55 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Millard Steele
14. MOTHER'S MAIDEN NAME: Elizabeth Minke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Patient's Chart. Sacred Heart Hosp.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0 IMMEDIATE CAUSE (A) Carcinoma of liver — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) uremia — 2 wks.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/5 19 55, to 3/24, 19 55 that I last saw the deceased alive on 3/23, 1955, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE B. M. Schneider M.D. ADDRESS M.D. 41 Greene St. DATE SIGNED 3/24/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Mar. 26, 1955
NAME OF CEMETERY OR CREMATORY S. S. Peter & Paul's
LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR March 25, 1955
REGISTRAR'S SIGNATURE Walter R. Frantz, M.D.
24. FUNERAL DIRECTOR Charles L. George, ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02206

2197

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 02 Cumberland
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 62 Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pa. COUNTY Bedford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bedford, rural
STREET ADDRESS (If rural give location) 75X-3 Rt. #3

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) (Last) Streett

4. DATE OF DEATH: (Month) March (Day) 28 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7/10/17

9. AGE last birthday 37 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ~~Wallis~~ Growden Vernon Halleck Growden

14. MOTHER'S MAIDEN NAME: Helen Hite

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-24-2402

17. INFORMANT & ADDRESS: Patient's Chart.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

330X IMMEDIATE CAUSE (A) DUE TO Spontaneous Sub. Arachnoid Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 10 days.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/20, 1955, to 3/28, 1955, that I last saw the deceased alive on 3/28, 1955, and that death occurred at 6:35 P.M., from the causes and on the date stated above.

SIGNATURE Lee H. Ley Jr. M.D. ADDRESS 456 N. Centre St. DATE SIGNED 3/29/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF March 31, 1955

NAME OF CEMETERY OR CREMATORY Fellowship Cem.

LOCATION (City, town, or county) (State) Centerville, Pa.

DATE REC'D BY LOCAL REGISTRAR March 30, 1955

REGISTRAR'S SIGNATURE Wynter R. Frantz, M.D.

24. FUNERAL DIRECTOR ADDRESS John J. Hafer, Cumberland, Md.

2217 02207

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 43 Westernport — LENGTH OF STAY (in this place) 35 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS 99 In ambulance on way to Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Allegany

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Westernport 43

STREET ADDRESS (If rural, give location) 211 Cromer St. 1

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Edward (Last) Strickler

4. DATE OF DEATH (Month) March (Day) 4 (Year) 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	Dec. 20-1879	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired Coal Miner		Clarksburg, W.Va.	U.S.A.

13. FATHER'S NAME: William Strickler

14. MOTHER'S MAIDEN NAME: Mary Ann Linkswiler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
4 no	None	(wife) Della Reeves, Westernport, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 977 Exsanguation — INTERVAL BETWEEN ONSET AND DEATH: 15 min.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cut his throat with a razor.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒*
0		

21a. EXTERNAL CAUSE WAS PRIMARY ☒* or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Home,	21c. (City or town) Westernport	(County) Allegany	(State) Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
March 4/55 A.M.		Despondent, cut his throat with a razor, on back porch.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒*, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V.Deming M.D. H.V. Deming M.D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ M. D.

DATE SIGNED March 4-1955

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3-7-55	Helos Cemetery	Westernport	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-5-55	Mrs Joan C. Kelly	E.S. Boal	Westernport Md

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02208

2198 CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY: ALLEGANY — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 02 CUMBERLAND
LENGTH OF STAY (in this place): 18 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 60 MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY: ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND 02
STREET ADDRESS (If rural give location): 1315 VIRGINIA AVENUE 1

3. NAME OF DECEASED (Type or Print): (First) JACALYN (Middle) MAE (Last) THOMAS

4. DATE OF DEATH: (Month) MARCH (Day) 3 (Year) 19 55

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): SINGLE

8. DATE OF BIRTH: NOVEMBER 17, 1954

9. AGE last birthday: ~~3 MOS.~~ yrs. — IF UNDER 1 YEAR: Months 3 Days 16 — IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): CUMBERLAND, MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE THOMAS

14. MOTHER'S MAIDEN NAME: ALICE BRYANT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL - CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490 X

IMMEDIATE CAUSE (A) Atelectasis, bilateral — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Unresolved pneumonia, bilateral — 3 wk.

DUE TO (C) with uremia — 1 wk?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 13, 1955, to March 3, 1955, that I last saw the deceased alive on Mar 3, 1955, and that death occurred at 9:20 P M, from the causes and on the date stated above.

SIGNATURE: C. A. Reiter, M.D. — ADDRESS: 112 Bedford St — DATE SIGNED: Mar 3, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 3-5-55 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cem. — LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR: March 4 1955 — REGISTRAR'S SIGNATURE: Walter R. Kantz, M.D.

24. FUNERAL DIRECTOR ADDRESS: James F. Scarpelli Cumberland, Md

20X23485

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02209

DR. SIMONS 2199 **CERTIFICATE OF DEATH** Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 3 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural give location) 307 UNION STREET

3. NAME OF DECEASED: (First) CARL (Middle) C (Last) VALENTINE
4. DATE OF DEATH: (Month) MARCH (Day) 18 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	SINGLE	APRIL 27, 1907	47 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	City St. Dept.	Cumberland, Md	USA

13. FATHER'S NAME: CHARLES E VALENTINE
14. MOTHER'S MAIDEN NAME: MARY E ~~KRABST~~ Krouse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes	WW II	214-07-0086	Raymond Valentine, Cumberland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
491X IMMEDIATE CAUSE	(A) Bronchopneumonia	1 wk
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Cirrhosis Liver	2 yrs
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒
0		

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1953, 19..., to 3/18, 1955, that I last saw the deceased alive on 3/18, 1955, and that death occurred at 7:00AM, from the causes and on the date stated above.

SIGNATURE George M. Myron M. D. ADDRESS Cumberland Md DATE SIGNED 3/19/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/21/55	Hillcrest Cemetery	Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 21, 1955	Walter R. Frantz, M.D.	John J. Hafer,	Cumberland, Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

Within corporate limits: 2200

02210
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 6 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cell #6 City Jail

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 1018 Gay St.

3. NAME OF DECEASED: (Type or Print) Joseph (First) Arlean (Middle) Washington (Last)

4. DATE OF DEATH (Month) March (Day) 29 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: Sept. 1-1917

9. AGE last birthday: 37 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Odd jobs

11. BIRTHPLACE (State or foreign country): Cumberland, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Curtis Washington

14. MOTHER'S MAIDEN NAME: Mary Fields

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-18-1726

17. INFORMANT & ADDRESS: (sister) Mrs. Mary Dorsey, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
974X Immediate cause	(a) Asphyxiation due to hanging.	about 5 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY: City Jail

21c. (City or town) Cumberland (County) Allegany (State) Md.

21d. TIME (Month) OF INJURY: about March (Day) 29/55 (Year) (Hour) P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Hung himself by pant belt around neck fastened to cell bar

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE: H. V. Deming M.D. H. V. Deming M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ M. D.
DATE SIGNED: March 29-1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: April 1, 1955
NAME OF CEMETERY OR CREMATORY: Hummer Cemetery
LOCATION (City, town, or county) (State): Cumberland, Maryland

DATE REC'D BY LOCAL REG.: March 30, 1955
REGISTRAR'S SIGNATURE: Winter K. Lantz, M.D.

24. FUNERAL DIRECTOR: Louis Stein, Inc.,
ADDRESS: "

Within corporate limits: TOPPER

2291

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02211

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND,
LENGTH OF STAY (in this place) 1 DAY
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ELLERSLIE, MD.
STREET ADDRESS (If rural give location) NONE

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) Calvin (Last) WATTS

4. DATE OF DEATH: (Month) MARCH (Day) 19, (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: OCT 2, 1885

9. AGE last birthday 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Night watchman

10B. KIND OF BUSINESS OR INDUSTRY: Pocahonas Tannery

11. BIRTHPLACE (State or foreign country): Marquis, W. Va.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: ALEXANDER WATTS

14. MOTHER'S MAIDEN NAME: ELIZABETH, SHOWALTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No, (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 233-16-2071

17. INFORMANT & ADDRESS: Mrs. Hardman Ellerslie, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

IMMEDIATE CAUSE (A) Chronic Myocardosis

ANTECEDENT CAUSE (S) OUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) OUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: Approx 1 yr.

II OTHER SIGNIFICANT CONOITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINOINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1954, to Mar 19, 1955, that I last saw the deceased alive on Mar 19, 1955, and that death occurred at 4:35 P.M. from the causes and on the date stated above.

SIGNATURE John A Topper M. O. ADDRESS Hyndman Pa DATE SIGNED 3/19/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 3/22/55

NAME OF CEMETERY OR CREMATORY Arbovale Cem.

LOCATION (City, town, or county) (State) Arbovale, W. Va. Pocahontas Co.

DATE REC'D BY LOCAL REGISTRAR March 19 1955

REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR H. Wayne George ADDRESS Cumberland, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

Write in corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02212

2202

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland 02
LENGTH OF STAY (in this place) 38 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 62 Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland 02
STREET ADDRESS (If rural give location) 207 Greene Street 1

3. NAME OF DECEASED: (Type or Print) (First) Stella (Middle) (Last) Wertheimer

4. DATE OF DEATH: (Month) March (Day) 31 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 11 - 11 - 74

9. AGE last birthday 80 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Reuben Lichtenstein

14. MOTHER'S MAIDEN NAME: Sarah Hirsch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Patient's Chart

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157X

IMMEDIATE CAUSE (A) Obstructive Jaundice — INTERVAL BETWEEN ONSET AND DEATH: 2 week

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Carcinomatosis of The Liver — 3 mos

DUE TO (C) Primary site probably Pancreas — 3 mos

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Atypical Pneumonia — 2 mos

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/23, 1955 to 3/31, 1955, that I last saw the deceased alive on 3/31, 1955, and that death occurred at 11:35 PM, from the causes and on the date stated above.

SIGNATURE A. G. Wiseman M.D. ADDRESS Cumberland Md DATE SIGNED 3/31/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: 4-3-1955 | NAME OF CEMETERY OR CREMATORY: East View Cem. | LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR: April 2, 1955 | REGISTRAR'S SIGNATURE: Walter R. Lantz, M.D.

24. FUNERAL DIRECTOR: Charles L. George ADDRESS: Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 19 02213

DR. JACOBSON 2293

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 02 CUMBERLAND
LENGTH OF STAY (in this place) 7 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 60 MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ward CUMBERLAND, Rural
STREET ADDRESS (If rural give location) RT. #2, MT. PLEASANT ROAD

3. NAME OF DECEASED: (First) ERWIN (Middle) MARTIN (Last) WHITE

4. DATE OF DEATH: (Month) MARCH (Day) 13 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: FEBRUARY 14, 1909

9. AGE last birthday 46 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BUILDING CONTRACTOR

10B. KIND OF BUSINESS OR INDUSTRY: Self.

11. BIRTHPLACE (State or foreign country): PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MARTIN WHITE

14. MOTHER'S MAIDEN NAME: GENEVIEVE Risbon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL - CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

204.2 IMMEDIATE CAUSE (A) Acute Leukemia (Myelomonocytic) — INTERVAL BETWEEN ONSET AND DEATH: 12 days

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Following Tooth Extraction — 12 days

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Possible Coronary Artery Disease — ??

19A. DATE OF OPERATION: 3/11/55

19B. MAJOR FINDINGS OF OPERATION: Bone marrow puncture Positive (A)

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/6, 1955, to 3/13, 1955, that I last saw the deceased alive on 3/12, 1955, and that death occurred at 12:30A M, from the causes and on the date stated above.

SIGNATURE Samuel Jacobson M.D. ADDRESS 50 Pershing St. Cumberland, Md. DATE SIGNED 3/14/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF March 16, 1955 — NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park — LOCATION (City, town, or county) Cumberland, Md. (State)

DATE REC'D BY LOCAL REGISTRAR March 15, 1955 — REGISTRAR'S SIGNATURE Walter L. Trautz, M.D.

24. FUNERAL DIRECTOR John J. Hafer — ADDRESS Cumberland, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02214

2218

CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 22 Frostburg
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 136 Hill Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg 22
STREET ADDRESS (If rural give location) 136 Hill St. 1

3. NAME OF DECEASED: (Type or Print) (First) MAE (Middle) (THOMAS) (Last) WILSON

4. DATE OF DEATH: (Month) March (Day) 15, (Year) 1955

5. SEX: female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married | 8. DATE OF BIRTH: 7-8-1899 | 9. AGE last birthday 55 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework
10B. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David Thomas
14. MOTHER'S MAIDEN NAME: Ida Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Herman Wilson, Frostburg, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2½ day.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Hypertensive Cardiovascular Disease — 4 years.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950 to March 15, 1955 that I last saw the deceased alive on March 15, 1955 and that death occurred at 7:30 PM, from the causes and on the date stated above.

SIGNATURE John B. Davis, M. D. ADDRESS Frostburg, Md. DATE SIGNED 3/18/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 3-18-1955 | NAME OF CEMETERY OR CREMATORY F'bg. Memorial Park | LOCATION (City, town, or county) Frostburg, (State) Md.

DATE REC'D BY LOCAL REGISTRAR 3-18-55 | REGISTRAR'S SIGNATURE Mrs. Nancy N. Roe

24. FUNERAL DIRECTOR J. R. Durst, ADDRESS Frostburg, Md.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02215

2204

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 02 Cumberland,
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 457 Goethe St.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, 02
STREET ADDRESS (If rural give location) 457 Goethe St., 1

3. NAME OF DECEASED: (Type or Print) (First) RUTH (Middle) DARBY (Last) WILSON

4. DATE OF DEATH: (Month) March (Day) 16, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 11, 1867

9. AGE last birthday 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Benjamin Mallin

14. MOTHER'S MAIDEN NAME: Elizabeth Timmons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No, (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mr. Charles E. Wilson Ellerslie, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
IMMEDIATE CAUSE (A) Coronary occlusion — 3 days
ANTECEDENT CAUSE (S):
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST
DUE TO (B) Generalized Arteriosclerosis — 10 years
DUE TO (C) & Coronary heart disease

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to 3/16, 1955, that I last saw the deceased alive on 3/16, 1955, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE George M. Strom M. D. — ADDRESS Cumberland Md. — DATE SIGNED 3/18/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF 3/19/55

NAME OF CEMETERY OR CREMATORY Rose Hill Cem.

LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR March 19, 1955

REGISTRAR'S SIGNATURE Amos K. Frantz, M.D.

24. FUNERAL DIRECTOR H. Wayne George — **ADDRESS** Cumberland, Md.

Within corporate limits

2295

02216

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 02 Cumberland

LENGTH OF STAY (in this place) 25 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 464 Baltimore Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Allegany

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cumberland 02

STREET ADDRESS (If rural, give location) 464 Baltimore Ave. 1

3. NAME OF DECEASED: (Type or Print) (First) Ruth (Middle) Rebecca (Last) Wilson

4. DATE OF DEATH (Month) March (Day) 15 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
female	white	married	March 8-1902	53 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Saleslady	L & B. Hat Shop	Md. near) Swanton, Garrett Co	U.S.A.

13. FATHER'S NAME: James M. Stearn

14. MOTHER'S MAIDEN NAME: Martha Farrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
3 no	220-10-7714	(husband) Charles M. Wilson, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
975X Immediate cause	(a) Asphyxia	about 5 min.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) drowning in bathtub.	about one year.
DUE TO		
	(c) Severe depressive state.	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒*
0		

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐* CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Home	21c. (City or town) Cumberland (County) Allegany (State) Md.
21d. TIME (Month) OF INJURY about 2 (Year) March 15/55 (Hour) P.M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒*	21f. HOW DID INJURY OCCUR? Laid in bathtub full of running water, with quilt over head

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐*, Inquiry ☐*, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒*, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V. Deming M.D. H. V. Deming M. D. M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED March 15/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 18 1955	Hillcrest Cemetery	Cumberland, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 16, 1955	Walter K. Hantz, M.D.	John J. Hafer, Hafer	" "

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02217

2206

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural
STREET ADDRESS (If rural give location) Hyndman, Pa. RD#1

3. NAME OF DECEASED: (Type or Print) (First) Anthony (Middle) Theodore (Last) Witt

4. DATE OF DEATH: (Month) March (Day) 7, (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Feb. 21, 1885	70 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner and farmer

10B. KIND OF BUSINESS OR INDUSTRY: Mining and farming

11. BIRTHPLACE (State or foreign country): Hyndman, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Witt

14. MOTHER'S MAIDEN NAME: Mary Clites

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) 3

16. SOCIAL SECURITY NO. 214-05-5225

17. INFORMANT & ADDRESS: Herbert Witt, Hyndman, Pa. RD#1

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
241 IMMEDIATE CAUSE	(A) Myocarditis	1 year
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Bronchial Asthma (Minim.) DUE TO	20 years
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 27, 1955, to March 7, 1955, that I last saw the deceased alive on March 5, 1955, and that death occurred at 9 A.M., from the causes and on the date stated above.

SIGNATURE William E. Mosley M.D. ADDRESS McSavageNd. DATE SIGNED March 8-1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 10, 1955	Cook Cemetery	Wellersburg, Pa.

DATE REC'D BY LOCAL REGISTRAR: March 9, 1955

REGISTRAR'S SIGNATURE: Wilter R. Lantz, M.D.

24. FUNERAL DIRECTOR ADDRESS: Harvey H. Zeigler, Hyndman, Pa.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02218

DR. HIMMELWRIGHT 2297 CERTIFICATE OF DEATH Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 02 CUMBERLAND
LENGTH OF STAY (in this place) 16 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 60 MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND (Inside City Limits)
STREET ADDRESS (If rural give location) RT. #2, WINIFRED ROAD 02 1

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) CLIFTON (Last) WRATCHFORD

4. DATE OF DEATH: (Month) MARCH (Day) 13 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOWED

8. DATE OF BIRTH: MAY 29, 1878

9. AGE last birthday 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED

10B. KIND OF BUSINESS OR INDUSTRY: B&O Machinist Railroad Co.

11. BIRTHPLACE (State or foreign country): WEST VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hughie B. Wratchford

14. MOTHER'S MAIDEN NAME: Phoebe Jane Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 3 No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 705-07-9605

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL - CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.1 IMMEDIATE CAUSE (A) Abdominal Carcinoma c Metastasis

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1955, to March, 1955, that I last saw the deceased alive on March 12, 1955, and that death occurred at 3:40A M, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS 133 Va. Ave, Cumberland, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF March 16, 1955

NAME OF CEMETERY OR CREMATORY Zion Memorial Park

LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR March 15, 1955

REGISTRAR'S SIGNATURE Hunter R. Frantz, M.D.

24. FUNERAL DIRECTOR John J. Hafer

ADDRESS Cumberland, Md.

Within corporate limits: 2208 02219

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (In this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 57 Offutt St.

3. NAME OF DECEASED: (First) Elizabeth (Middle) (Last) Wright
4. DATE OF DEATH (Month) March (Day) 29 (Year) 1955
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Oct 2-1897
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Harmon, W.Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Kisamore
14. MOTHER'S MAIDEN NAME: Ida Nelson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Memorial Hospital records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute cardiac failure	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Toxemia	5 days
	DUE TO (c) Anuria	2 days
	2nd. & 3rd. degree burns of legs, thighs and buttocks.	10 days.

916.0

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Home
21c. (City or town) Cumberland (County) Allegany 01 (State) Md.
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY about 12 March 1955 P. M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒ 1
21f. HOW DID INJURY OCCUR? Drinking, ignited a paper, sat daybed afire & her clothes

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H. V. Deming M.D. H. V. Deming M.D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ M. D.
DATE SIGNED March 29-1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE, THEREOF April 1, 1955
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Cumberland, Maryland
DATE REC'D BY LOCAL REG. March 31, 1955
REGISTRAR'S SIGNATURE Wirter K. Bantz, M.D.
24. FUNERAL DIRECTOR James F. Scarpelli, " "
ADDRESS "
Scarpelli

VS. A15A - 5 - 53

Within corporate limits

78

02220

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2209 **CERTIFICATE OF DEATH** Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 02 Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 627 Lincoln St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland 02
STREET ADDRESS (If rural give location) 627 Lincoln St. 1

3. NAME OF DECEASED: (Type or Print) (First) Alma (Middle) Elizabeth (Last) Zembower

4. DATE OF DEATH: (Month) Mar. (Day) 9, (Year) 19 55

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow | 8. DATE OF BIRTH: Aug. 23, 1881 | 9. AGE last birthday 73 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Cumberland R.D. # 3, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John W. Neff

14. MOTHER'S MAIDEN NAME: Maria Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs. Harold Fearer Cumberland, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chr endocarditis — 10 years

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 8, 1955, to Mar 9, 1955, that I last saw the deceased alive on Mar 8, 1955, and that death occurred at 1 A M, from the causes and on the date stated above.

SIGNATURE R. W. Trevaskis, Jr. M.D. ADDRESS Cumberland, Md DATE SIGNED 3/11/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 3-12-1955 | NAME OF CEMETERY OR CREMATORY Zion Memorial Cem. | LOCATION (City, town, or county) (State) Cumberland, Md.

DATE RECD BY LOCAL REGISTRAR March 10, 1955 | REGISTRAR'S SIGNATURE Walter L. Bantz, M.D.

24. FUNERAL DIRECTOR Charles L. George ADDRESS Cumberland, Md.

M

I

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING